Univ. Med. Library

MARYLAND
Medical Journal

Medicine and Surgery

The Medical Journal Company

BALTIMORE *Publishers* WASHINGTON

Volume Fifty-Six
Number Two

FEBRUARY, 1913

Annual Subscription
Two Dollars

"Though much of the Thyroid substance on the market is not active, a little coincidentally administered iodin as an iodid will render it active."—*Dr. O. T. Osborne, Journal A.M.A., Nov. 2, 1912.*

Better Still: Specify Armour's Thyroids

—which runs uniformly 0.2 per cent. iodin in thyroid combination.

***Armour's* Thyroid Preparations**

Thyroid Powder
Thyroid Tablets, 1 grain
Thyroid Tablets, 2 grains—are therapeutically active.

New and interesting literature supplied to physicians upon request.

ARMOUR AND COMPANY

Intractable Coughs and Colds

—owing their prolongation to constitutional or systemic weakness —are usually bound to continue until the nutrition and vitality of the whole body are substantially improved. The well-known capacity of

GRAY'S GLYCERINE TONIC COMP.

to spur physiologic processes, promote functional activity and restore the nutritional tone of the whole organism, readily accounts for the benefits that promptly follow its use in all affections of the respiratory tract.

¶ When local remedies fail, or at best give but temporary relief, "Gray's" can be relied upon to so reinforce the natural protective and restorative forces of the body that even the most persistent catarrhal diseases are quickly controlled and overcome.

135 Christopher St. THE PURDUE FREDERICK CO. New York

A Normal Bodily Condition

May be maintained by proper nutrition and tone; a long convalescence can be shortened, and anemia and emaciation prevented by

BOVININE

Which contains the vital elements of nutrition and nerve tone, as indicated by the full, normal physiological standard, namely

PROTEINS
OXYHEMOGLOBIN
ORGANIC IRON
ALBUMINS

Write for Sample, also for one of our new Glass (sterilizable) Tongue Depressors.

THE BOVININE COMPANY

75 West Houston Street, New York City

MARYLAND MEDICAL JOURNAL

FOR FEBRUARY, 1913

VOL. LVI *Entered at the Baltimore Postoffice as Second-Class Matter* No. 2

CONTENTS

COXALGIA AND CHRONIC APPENDICITIS WITH ADHESIONS. . . . . THOMAS R. BROWN, M.D., ... 27

THE BINET-SIMON SCALE AND ITS VALUE TO THE CHILD. . . . . WM. RUSH DUNTON, JR., B.S., M.A., M.D.. 31

HERNIAS OF THE OVIDUCT, OVARY AND OVIDUCT AND OVARY. . . . . AIMÉ PAUL HEINECK, M.D.. . . . 33

BOOK REVIEWS. 44

REPORT OF STATE BOARD OF MEDICAL EXAMINERS. 47

EDITORIALS. 50

The Late Doctor James Bosley. New Men in Old Places.

MEDICAL ITEMS. 52

Terms: $2.00 a Year | THE MEDICAL JOURNAL CO. Professional Building Baltimore, Md. | Index to Ads., Page ii

LISTERINE

Listerine is an efficient, non-toxic antiseptic of accurately determined and uniform antiseptic power, prepared in a form convenient for immediate use.

Composed of volatile and non-volatile substances, Listerine is a balsamic antiseptic, refreshing in its application, lasting in its effect.

Listerine is particularly useful in the treatment of abnormal conditions of the mucosa, and admirably suited for a wash, gargle or douche in catarrhal conditions of the nose and throat.

In proper dilution, Listerine may be freely and continuously used without prejudicial effect, either by injection or spray, in all the natural cavities of the body.

Administered internally, Listerine is promptly effective in arresting the excessive fermentation of the contents of the stomach.

In the treatment of summer complaints of infants and children, Listerine is extensively prescribed in doses of 10 drops to a teaspoonful.

In febrile conditions, nothing is comparable to Listerine as a mouth wash; two or three drachms to four ounces of water.

"The Inhibitory Action of Listerine" (128 pages) may be had upon application to the manufacturers

LAMBERT PHARMACAL COMPANY

Locust and Twenty-first Streets ST. LOUIS, MISSOURI

INDEX TO ADVERTISERS

When writing, say you saw advertisement in the MARYLAND MEDICAL JOURNAL.

Angier Chemical Co.....ll
Antiphlogistine (Denver Chem. Co.).xl
Armour & Co.....Front cover
Baker, John C., Co.....vll
Baltimore Medical College.....xxxii
Battle & Co.....x
Betz, Frank S., Co.....vil
Bovinine Co.....2d cover
Breitenbach, M. J., Co.....xv
Bristol-Myers Co.....xxxi
Crittenton, C. N., Co.....vll, xvi
Daniel, John B.....xll
Dloradin Co xxvll
Dios Chemical Co.....vili
Fairchild Bros. & Foster.....v
Fellows Medical Mfg. Co.....xiv
Fougera, E., & Co.....4th cover
Galen Hall, Atlantic City.....4th cover
Galen Hall, Wernersville, Pa.....xvi
Gardiner Dairy.....xvi
Glen Springs.....li
Gordshell Chemical Co.....vil
Gundry Sanitarium.....xxx
Gundry Home, Richard.....xxx
Katharmon Chemical Co.....lli
Kress & Owens Co.....xlll
Lambert Pharmacal Co.....i
Lilly, Eli, & Co.....vl
Medico-Chirurgical College.....xxxl
Med. Society Meetings.....lv
Meller Drug Co.....lli
Mellin's Food Co.....xx
Mosby, C. V., Book Co.....x
Mulford, H. K., Co.....xxii
Neuhaus, Chas., & Co.....iii
Parke, Davis & Co.....3d cover
Peacock Chemical Co.....xli
Phillips, C. H., Chemical Co.....xvil
Platt, Henry B.....xxiii
Postum Cereal Co.....xvill
Purdue Frederick Co.....2d cover
Reed & Carnrick.....xix
Relay Sanitarium.....xxx
Resinol Chemical Co.....xxiii
River Crest.....xxx
Robins, A. H.....xxxi
Sander, Carl, & Sons.....xxvi
Schering & Glatz.....xxi
Sharp & Dohme.....xvii
Smith, L. C., & Bros.....ix
Smith, Martin H., Co.....xvl, xix
Storm, Katharine L.....xxxii
Sultan Drug Co.....viii
Thomas & Thompson Co.....xxxi
University of Maryland.....xxxii
Vanadium Chemical Co.....xxi
Wheeler, Dr. T. B.....xxxi
Willms, Chas., Surgical Inst. Co.....xxv

LOCAL DIRECTORY

Chattolanee Spring Water.....xxvi
Fowler Towel Service.....xxviii
Henneman.....xxviii
National Bank of Baltimore.....xxvi
Pikesville Dairy Co.....xxvi
Pollack's.....xxv
Roche, Geo. J., & Son.....xxvi
Walnut Grove Dairy.....xxviii
Williamson, Lee, & Co.....xxviii

The American Nauheim

A Mineral Springs Health Resort and Sanitarium

THE GLEN SPRINGS

All Approved Forms of Hydrotherapy, Massage and Electricity. The Nauheim Baths, for weakness or disease of the heart administered with a Natural Iodo-Bromo-Muriated Brine. Hot Brine Baths for Elimination. In the treatment of Rheumatism, Gout, Obesity, Neuralgia, Diabetes, Digestive Disorders, Anæmia, Neurasthenia, Diseases of the Nervous System and of the Heart and Kidneys, we offer advantages unsurpassed in this country or in Europe. Correspondence with physicians solicited. For descriptive booklets, address

WM. E. LEFFINGWELL, President, Watkins, N. Y.

ANGIER'S

In Treating

LA GRIPPE

The experience of thousands of physicians has proven the value of

ANGIER'S EMULSION

It promptly relieves the cough and symptoms of respiratory irritation, paliates the nervous symptoms, promotes nutrition and hastens convalescence.

Be sure to specify

THE UNSHAKABLE FAITH

OF THE GREATER PART OF THE AMERICAN MEDICAL PROFESSION IN

IS UNIMPEACHABLE EVIDENCE THAT THIS PRODUCT IS WHAT WE HAVE ALWAYS CLAIMED IT TO BE — THE MOST POTENT AND RELIABLE RECONSTRUCTIVE AVAILABLE FOR PHYSICIANS' PRESCRIPTIONS.
IT OFFERS THE MOST EFFICIENT AND PLEASANT MEANS OF ADMINISTERING COD LIVER OIL, FOR IT CONTAINS THE THERAPEUTIC ESSENTIALS OF THE OIL IN PALATABLE FORM.
FREE FROM GREASE AND THE TASTE OF FISH.

EACH FLUID OUNCE OF HAGEE'S CORDIAL OF THE EXTRACT OF COD LIVER OIL COMPOUND REPRESENTS THE EXTRACT OBTAINABLE FROM ONE-THIRD FLUID OUNCE OF COD LIVER OIL (THE FATTY PORTION BEING ELIMINATED) 6 GRAINS CALCIUM HYPOPHOSPHITE, 3 GRAINS SODIUM HYPOPHOSPHITE, WITH GLYCERIN AND AROMATICS.

Supplied in sixteen ounce bottles only. Dispensed by all druggists.

Katharmon Chemical Co., St. Louis, Mo.

KATHARMON FOR BURNS AND SCALDS SPEEDILY RELIEVES PAIN, AND PROMOTES HEALING WITHOUT SUPPURATION Katharmon Chemical Co., ST. LOUIS, MO.

KATHARMON represents in combination Hydrastis Canadensis, Thymus Vulgaris, Mentha Arvensis, Phytolacca Decandra, 10½ grains Acid Borosalicylic, 24 grains Sodium Pyroborate to each fluid ounce of Pure Distilled Extract of Witch Hazel.

Tongaline

MELLIER

ANTI-RHEUMATIC
ANTI-NEURALGIC

For Over 25 Years a Standard Prescription.

Rheumatism • Neuralgia • Grippe • Gout • Nervous Headache • Lumbago
Sciatica • Tonsillitis • Heavy Colds • Excess of Uric Acid

Samples on Application MELLIER DRUG COMPANY St. Louis

¶ When you write advertisers, mention the MARYLAND MEDICAL JOURNAL.

Medical Society Meetings.

MARYLAND.

NOTE.—Secretaries are requested to advise us promptly of the election of new officers in their respective Societies, that due announcement may be made in the JOURNAL.

Except where otherwise stated, the Medical Societies of Baltimore meet at the Medical and Chirurgical Faculty building, 1211 Cathedral Street.

MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND. President, A. C. HARRISON, M.D.; Secretary, JOHN RUHRAH, M.D.

Baltimore City Medical Society.

President, R. W. JOHNSON, M.D.; Secretary, EMIL NOVAK, M.D. Meetings, April and December.

SECTION OF CLINICAL MEDICINE AND SURGERY. 1st and 3d Fridays, 8.30 P. M., October to May. Chairman, A. M. GLANNAN, M.D.; Secretary, G. A. FLEMING, M.D.

SECTION OF GYNECOLOGY AND OBSTETRICS. 2d Friday in October, December, February and April. Chairman, G. W. DOBBIN, M.D.; Secretary, EMIL NOVAK, M.D.

SECTION OF LARYNGOLOGY. 4th Friday, monthly, 8.30 o'clock. Chairman, J. N. REIK, M.D.; Secretary, L. J. GOLDBACH, M.D.

SECTION OF NEUROLOGY. 2d Friday, monthly. Chairman, A. P. HERRING, M.D.; Secretary, G. LANE TANEYHILL, M.D.

SECTION OF OPHTHALMOLOGY AND OTOLOGY. 3d Wednesday. Chairman, HIRAM WOODS, M.D.; Secretary, J. W. DOWNEY, JR., M.D.

County Societies.

ALLEGANY COUNTY MEDICAL SOCIETY. Cumberland, 2d Wednesday of January, April, July and October. President, EDWARD H. WHITE, M.D., Cumberland, Md.; Secretary, CHARLOTTE B. GARDNER, M.D., Cumberland; Delegate, E. B. CLAYBROOK, M.D., Cumberland.

ANNE ARUNDEL COUNTY MEDICAL SOCIETY. President, THOMAS H. BRAYSHAW, M.D., Glenburnie; Secretary, L. B. HENKEL, JR., M.D., Annapolis; Delegate, C. R. WINTERSON, M.D., Hanover. 2d Tuesday of January, April, July and October.

BALTIMORE COUNTY MEDICAL ASSOCIATION. Towson, 3d Thursday, April to October, 2 P. M.; November to March, 1 P. M. President, WILLIAM L. SMITH, M.D., Sherwood, Md.; Corresponding Secretary, G. C. MCCORMICK, M.D., Sparrows Point, Md.; Delegate, H. L. NAYLOR, M.D., Towson, Md.

CALVERT COUNTY MEDICAL SOCIETY. President, OLIVER D. SIMMONS, M.D., Bowens, Md.; Secretary-Treasurer, J. W. LEITCH, M.D., Huntington, Md.; Censor, ISSAC N. KING, M.D., Barstow, Md. 2d Tuesdays in April, August and December; annual meeting 2d Tuesday in December.

CAROLINE COUNTY MEDICAL SOCIETY. President, ————; Secretary-Treasurer, J. R. DOWNS, M.D., Preston, Md.; Delegate, H. W. B. ROWE, M.D., Hillsboro, Md.

CARROLL COUNTY MEDICAL SOCIETY. President, M. D. NORRIS, M.D., Eldersburg, Md.; Secretary-Treasurer, CHARLES R. FOUTZ, M.D., Westminster, Md.; Delegate, M. D. NORRIS, M.D. April, July, October, December; annual meeting in October.

CECIL COUNTY MEDICAL SOCIETY. President, S. T. ROMAN, M.D., R. F. D., Conowingo, Md.; Secretary-Treasurer, H. BRATTON, M.D., Elkton, Md.; Delegate, R. M. BLACK, M.D. 3d Thursdays at Elkton, April, July, October, January; annual meeting in April.

CHARLES COUNTY MEDICAL SOCIETY. President, JOHN W. MITCHELL, M.D., Pomonkey, Md.; Secretary-Treasurer, THOMAS S. OWEN, M.D., La Plata, Md.; Delegate, L. C. CARRICO, M.D. 3d Tuesday in May, August and November.

DORCHESTER COUNTY MEDICAL SOCIETY. President, EDWARD L. JONES, M.D., East New Market, Md.; Secretary-Treasurer, W. H. HOUSTON, M.D., Fishing Creek, Md.; Delegate, L. G. WOLFF, M.D., Cambridge, Md. Meetings 1st Tuesday in June and December.

FREDERICK COUNTY MEDICAL SOCIETY. President, C. F. GOODELL, M.D., Frederick, Md.; Secretary, B. O. THOMAS, M.D., Frederick, Md.; Treasurer, LEVIN WEST, M.D., Brunswick, Md.; Delegate, I. J. MCCURDY, M.D. January, April, August and November.

HARFORD COUNTY MEDICAL SOCIETY. President, A. F. VAN BIBBER, M.D., Belair, Md.; Secretary-Treasurer, CHARLES BAGLEY, M.D., Bagley, Md.; Delegate, W. S. ARCHER, M.D. 2d Wednesdays in January, March, May, July, September and November.

HOWARD COUNTY MEDICAL SOCIETY. President, F. O. MILLER, M.D., Ellicott City, Md.; Secretary-Treasurer, H. D. CAUSEY, M.D., Ellicott City, Md.; Delegate, A. WILLIAMS, M.D. Meetings (quarterly) 1st Tuesdays in January, April, July and October.

KENT COUNTY MEDICAL SOCIETY. President, H. G. SIMPERS, M.D., Chestertown, Md.; Secretary-Treasurer, F. B. HINES, M.D., Chestertown, Md.; Delegate, F. B. HINES, M.D.

MONTGOMERY COUNTY MEDICAL SOCIETY. President, J. DUDLEY MORGAN, M.D., Chevy Chase, Md.; Secretary-Treasurer, J. L. LEWIS, M.D., Bethesda, Md.; Delegate, JAS. DEETS, M.D. 3d Tuesdays in April and October.

PRINCE GEORGE'S COUNTY MEDICAL SOCIETY. President, C. W. BIRDSALL, M.D., Hyattsville, Md.; Secretary, H. B. MCDONNELL, M.D., College Park, Md.; Treasurer, W. ALLEN GRIFFITH, M.D., Berwyn, Md.; Delegate, G. W. LATIMER, M.D. 2d Saturday of every second month.

QUEEN ANNE'S COUNTY MEDICAL SOCIETY. President, R. H. FORD, M.D., Queenstown, Md.; Secretary-Treasurer, H. F. MCPHERSON, M.D., Centerville, Md.; Delegate, W. G. COPPAGE, M.D.

SOMERSET COUNTY MEDICAL SOCIETY. President, WILLIAM F. HALL, M.D., Crisfield, Md.; Secretary-Treasurer, RALPH L. HOYT, M.D., Oriole, Md.; Delegate, C. N. COLLINS, M.D. 1st Tuesday in April at Crisfield; first Tuesday in November at Princess Anne.

TALBOT COUNTY MEDICAL SOCIETY. President, C. F. DAVIDSON, M.D., Easton, Md.; Secretary-Treasurer, W. L. PALMER, M.D., Easton, Md.; Delegate, J. A. STEVENS, M.D. Annual meeting third Tuesday in November and semi-annual meeting third Tuesday in May.

WASHINGTON COUNTY MEDICAL SOCIETY. President, S. M. WAGAMAN, M.D., Hagerstown, Md.; Secretary, W. B. CAMPBELL, M.D., Hagerstown, Md.; Treasurer, H. K. DERR, M.D., Hagerstown, Md.; Delegate, J. W. HUMRICHOUSE, M.D. 2d Thursdays of February, May, September and November.

WICOMICO COUNTY MEDICAL SOCIETY. President, J. M. ELDERDICE, M.D., Mardella Springs; Secretary and Treasurer, H. S. WAILES, M.D., Salisbury, Md.; Delegate, G. W. TODD, M.D.

WORCESTER COUNTY MEDICAL SOCIETY. President, EBE HOLLAND, M.D., Berlin, Md.; Secretary, A. A. PARKER, M.D., Pocomoke City, Md.; Treasurer, J. L. RILEY, M.D., Snow Hill, Md.; Delegate, J. L. RILEY, M.D., Snow Hill, Md.

'Laibose'

Affords a striking illustration of what may be done in the way of transforming the real known foods of every-day use into special therapeutic foods—by a transformation, physical and physiological.

The whole nutritive substance of wheat is converted into solution by a purely physiological process—a vital change accomplished by means of the pancreas enzyme, amylopsin.

This soluble wheat combined with pure whole milk is reduced to the utmost attainable concentration with rapid separation of the water at a very low temperature.

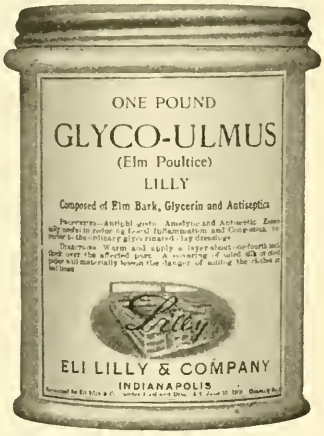
The mere addition of water, therefore, gives a food of peculiar quality and service in the feeding of the sick, and with the utmost simplicity and convenience.

For particulars and analyses, see circular

Fairchild Bros. & Foster

NEW YORK

GLYCO-ULMUS, LILLY



——ELM POULTICE——

Composed of Elm Bark, Glycerin and Antiseptics. A new and scientifc successor to the old Elm Poultice

ANTIPHLOGISTIC, ANODYNE AND ANTISEPTIC : : : : : : : :

Effective in reducing Local Inflammation and Congestion, and in relieving pain incident to these conditions.

A NEW PLASTIC DRESSING

Superior to the ordinary Glycerinated Kaolin Dressings; contains much more Glycerin, Lighter, Easier to Apply, Easier to Remove, Cleaner, Has Greater Absorptive Capacity.

FOR TREATING—Boils, Bruises, Sprains, Felons, Burns, Scalds, Ulcers, Pneumonia, Infected Wounds. Useful whenever local inflammation is to be reduced. ¶ Supplied by the Drug Trade in 6-ounce and 1-pound jars.

Physicians are requested to address requests for samples and information to the Home Office—Indianapolis

ELI LILLY & COMPANY

INDIANAPOLIS NEW YORK CHICAGO ST. LOUIS KANSAS CITY NEW ORLEANS

SCHEDULE OF PRICES

FOR REPRINTS OF ORIGINAL ARTICLES APPEARING IN THE MARYLAND MEDICAL JOURNAL

Contributors to the JOURNAL wishing Reprints can obtain them at the following rates:

Four Pages

Copies.	Without Cover.	With Cover.
50	$2.90	$4.65
100	2.90	4.65
250	3.55	5.80
500	4.35	7.85
1000	5.45	10.45

Eight Pages

Copies.	Without Cover.	With Cover.
50	$4.75	$6.50
100	4.75	6.50
250	5.60	7.85
500	7.20	10.45
1000	9.20	14.20

Twelve Pages

Copies.	Without Cover.	With Cover.
50	$5.85	$7.60
100	5.85	7.60
250	7.15	9.40
500	9.05	11.30
1000	12.05	17.05

Sixteen Pages

Copies.	Without Cover.	With Cover
50	$6.75	$8.50
100	6.75	8.50
250	7.95	10.20
500	10.15	13.40
1000	13.65	18.65

SUBSCRIBE TO THE

Maryland Medical Journal

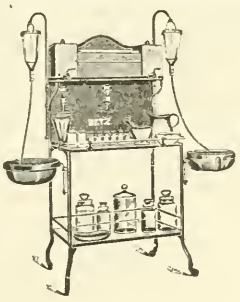
Annual Subscription, - - - $2.00

The Medical Journal Co.

Publishers

BALTIMORE WASHINGTON

Would You Pay 63 Cents a Month



FOR THE USE OF

Operating Table, Instrument Cabinet, Sterilizing Outfit, Water Tank, Irrigator, Bowl Stand, Operator's Side Table, Pynchon Chair and Stool, Bottle Stand, Sphygmomanometer, Battery and 50 Assorted Instruments?

Write for 1913 Catalog. 300 Pages

FRANK S. BETZ CO.
HAMMOND, - - - - INDIANA

Svapnia

Purified Opium
With a Fixed
Morphine Standard

SVAPNIA possesses the following advantages over ordinary opium:

Freedom from mechanical impurities; elimination of undesirable alkaloids; definite morphine content (10 per cent); lessened tendency to nausea and vomiting; increased palatability; uniform results.

The adult dose of Svapnia (1 to 2 gr.), as well as the indications for its use, are the same as opium. It is in the form of red-brown scales, soluble in water with turbidity, and is best administered in capsules, pills or powder form.

Sold by druggists generally.

THE CHARLES N. CRITTENTON CO.
Sole Distributing Agents,
115 Fulton Street, New York.
Sample and literature on application.

No Cod Liver Oil Like BAKER'S

The reason is in the great care in selection of **fresh perfect livers** and **special care** in **preparation.** It is a Norwegian Oil of highest purity obtainable, light in color, fresh and bland in taste, and extracted from the livers before decomposition has set in, imported in the colder months of the year in sealed cans and bottled as soon as opened to avoid the least rancidity. The Lofoton Oil is made only in midwinter, and has been proven superior to oils obtained from other parts of the world. Test its value by prescribing **BAKER'S OIL** in your first suitable case. The best names in the profession, such as Jackson, Mutter, Darragh, Leidy, Angew, Bartholow and others, have voluntarily endorsed our product.

JOHN C. BAKER CO.
Established 1830 PHILADELPHIA

Dr. Gordshell's SALVE

A Purely Vegetable Compound

THOROUGHLY ASEPTIC

ADVERTISED ONLY TO PHYSICIANS

For more than 50 years this "**Salve**" has been recommended and prescribed by physicians as an efficacious preparation in the treatment of Boils, Carbuncles, Bone Felons, Gathered Breasts, and Various Sores, Eruptions and Skin Diseases.

THE GORDSHELL CHEMICAL CO.
BALTIMORE, MD.

SAMPLE AND DROPPER WILL BE MAILED FREE UPON APPLICATION
DIOS CHEMICAL CO. ST. LOUIS.
PALPEBRINE
PALPEBRINE IS MANUFACTURED EXPRESSLY TO MEET THE REQUIREMENTS OF THE GENERAL PRACTITIONER IN THE TREATMENT OF EXTERNAL EYE DISEASES
PALPEBRINE

Peptic Deficiency

—a common sequel or complication to wasting diseases in general—forms one of the main indications for

SENG

A trustworthy tonic to the glands of the stomach, this reliable secernent rapidly increases their physiologic activity, and thus restores the gastric functions to their normal efficiency.

"A Perfect Deobstruent"

is a term that applies with especial fitness to

PRUNOIDS

—a laxative, easy and pleasant to take, that does its work *thoroughly* and *completely*, *without griping* or *reactionary constipation.*

Cardiac Irregularity

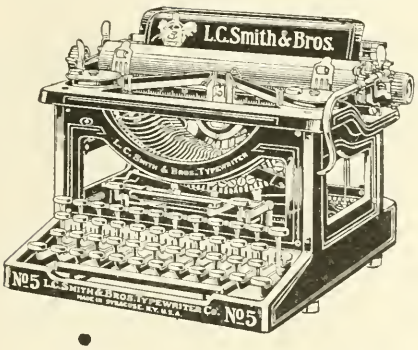
due to faulty innervation or fatigue, is promptly corrected by

CACTINA PILLETS

Non-cumulative in effect, this valuable tonic provides a safe and dependable means of steadying and strengthening the heart's action.

SULTAN DRUG COMPANY

ST. LOUIS, MO.



It Wins

its way by service

L. C. Smith & Bros. Typewriter

(Ball Bearing—Long Wearing)

In buying a typewriter you want a satisfactory answer to three questions:

What will it do for me?
How well will it do it?
How long will it do it?

By answering these queries with the needs of the typewriter owner and user in mind, the L. C. Smith & Bros. Typewriter Company has attained the front rank in the typewriter field.

Some people think that a *typewriter* is a *typewriter* and that is all there is to it. Machines may look alike, but there is a lot of difference in efficiency.

The new Model Five is built not only for straight correspondence, but for tabulating, billing, and in fact, for every service needed in the average business.

Its ball bearings at all points where friction develops through action permit close adjustment and insure correct and accurate typewriting.

We would like the opportunity to tell you more about it
Write for free book of our new Model Five

L. C. SMITH & BROS. TYPEWRITER CO.

Head Office for Domestic and Foreign Business: SYRACUSE, N. Y., U. S. A.

Baltimore Branch: 17 W. FAYETTE ST. *Branches in all Principal Cities*

TO FURTHER INCREASE THE VALUE OF IODINE

BY COMBINING WITH IT THOSE VEGETABLE ALTERATIVES WHOSE CLINICAL USEFULNESS HAS BEEN THOROUGHLY DEMONSTRATED —

IODIA

represents such a combination—is to secure the largest measure of iodine effect from minimum dosage. This is a point worthy the widest recognition, in view of the well known proneness of iodine to cause such distress as to often necessitate its withdrawal.

IODIA'S freedom from the untoward effects of iodine, while possessing its definite therapeutic properties, makes it a favorite means of introducing iodine into the tissues.

Where iodine is indicated IODIA may confidently be given.

PAPINE

will be found an ideal analgesic in the crises of tabes. Free from opium's dangers.

BROMIDIA

may be employed with much advantage in the insomnia of typhoid.

ECTHOL

is unique in that it exerts a distinct antagonistic action against infections of a general character.

BATTLE & Co., Chemists' Corporation, St. Louis, Mo.

LABORATORY METHODS

With Special Reference to the Needs of the General Practitioner

By B. G. R. WILLIAMS, M.D., and E. G. C. WILLIAMS, M.D.

With an Introduction by

VICTOR C. VAUGHAN, M.D., LL.D.

Professor of Hygiene and Physiological Chemistry and Dean of the Department of Medicine and Surgery, University of Michigan, Ann Arbor, Michigan.

Octavo, 250 Pages, with 60 Engravings. Cloth, $2.00

CONTENTS

CHAPTER
I. Introduction.
II. Story of the Sputum.
III. Searching for Germs.
IV. Vascular Dramas.
V. Chemistry and Biology of the Gastric Juice.
VI. Essence of Tissue Diagnosis.
VII. Detection of the Common Poisons.
VIII. Exudates in Brief.
IX. Diazo versus Widal.
X. The Urine in Disease.
XI. Milk and Its Home Modifications.
XII. Some Simple Water Analyses.
XIII. Every-Day Stool Tests.
XIV. Technic of the Private Post-Mortem.
XV. To Find the Treponema in Six Minutes.
XVI. Laboratory Prophylaxis.
XVII. Indications for Laboratory Aids.
XVIII. Tables and Miscellaneous.

C. V. Mosby Medical Book and Publishing Co.

Metropolitan Building SAINT LOUIS

A remedy to be therapeutically efficient must produce dependable results.

REMEMBER

Antiphlogistine

TRADE MARK

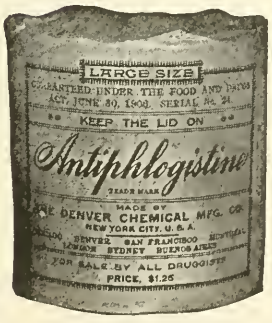
MEANS

THERAPEUTIC EFFICIENCY

INFLAMMATION and ANTIPHLOGISTINE, while not synonymous, the manifestation of one suggests the thought of the other.

IN

Inflammatory Rheumatic Joints Lumbago
Sprains Bruises Frost-bites Chilblains



Antiphlogistine applied thick and hot affords immediate relief.

NOTE.—A name qualifies both product and result. See that your first thought, Antiphlogistine, is applied, and not an imitation.

THE DENVER CHEMICAL MFG. CO.
NEW YORK

REST AND SLEEP IN ACUTE DISEASES

mean a more definite response to the indicated line of treatment. A means of securing these, and one that may be given without fear of further weakening an already laboring heart is

PASSIFLORA **PASADYNE** INCARNATA

(Daniel's Concentrated Tincture)

PASADYNE (Daniel's) possesses in a marked degree the power to soothe the nervous system and may be used as confidently to produce rest and sleep as chloral or the bromides.

RELIABLE—WITHOUT HABIT—SAFE

PASADYNE is the new name for Passiflora Incarnata (Daniel's Concentrated Tincture) adopted for convenience and to prevent substitution.

SAMPLES AND LITERATURE SUPPLIED TO PHYSICIANS PAYING EXPRESS CHARGES.

Laboratory of JOHN B. DANIEL, Atlanta, Georgia.

Effective Sedation

—the relief of nervous tension, the reduction of hypersensibility, or the relaxation of muscular spasm—is best accomplished by the skilful use of the bromides. In

Peacock's BROMIDES

the painstaking physician has the ideal bromide preparation, since this standard product assures the highest degree of purity, unvarying uniformity, dependable therapeutic effect, and minimum tendencies to gastric disturbance or "bromism."

In brief, through the use of Peacock's Bromides, bromide-therapy reaches its highest efficiency —with least disagreeable or untoward action.

Hepatic Stimulation

without catharsis is one of the constant problems of practical therapeutics. Too often intestinal activity is mistaken for cholagogue effect. Through the use, however, of

CHIONIA

the eliminative functions of the liver can be powerfully stimulated without occasioning other than normal bowel activity.

In all forms of auto-intoxication, therefore, this potent activator of the liver should be employed, as it insures a degree of physiologic elimination that is often of the greatest aid in securing a complete removal of bodily wastes.

PEACOCK CHEMICAL COMPANY, ST. LOUIS, MO.

K. & O DOUCHE FOR THE APPLICATION OF
GLYCO-THYMOLINE TO THE NASAL CAVITIES

GLYCO-THYMOLINE

IS USED FOR CATARRHAL CONDITIONS OF
MUCOUS MEMBRANE IN ANY PART OF THE BODY

Nasal, Throat, Stomach, Intestinal
Rectal and Utero-Vaginal Catarrh

KRESS & OWEN COMPANY - 361 & 363 Pearl Street, New York

Sole Agents for Great Britain, Thos. Christy & Co., 4-10 & 12 Old Swan Lane, London, E. C.

Fellows' Syrup of Hypophosphites

NOTICE—CAUTION

The success of Fellows' Syrup of Hypophosphites has tempted many to offer imitations of it for sale.

As these cheap and inefficient substitutes are frequently dispensed instead of the genuine preparation, Physicians are earnestly requested when prescribing the Syrup, to write **"Syr. Hypophos. FELLOWS".**

As a further precaution, it is advisable that the Syrup should be ordered in the original bottles; the distinguishing marks which the bottles (and the wrappers surrounding them) bear can then be examined, and the genuineness—or otherwise—of the contents thereby proved.

Pepto-Mangan (Gude)

Is an ideal ferruginous tonic, because:

It rapidly increases the number of red corpuscles and the percentage of hemoglobin.
It does not irritate or derange the stomach.
Far from causing anorexia, it actually increases the appetite.
It is distinctly palatable—a point of great importance in the treatment of women and children.
It does not constipate.
It does not affect the teeth.

It is the standard hematinic, because:

It contains an appreciable dosage of both iron and manganese, in a neutral organic solution, as true peptonates.
It undergoes no chemical change in the stomach and is ready for quick absorption and rapid infusion into the blood.

Therefore, it clearly follows that Pepto-Mangan (Gude) is of marked and certain value in Anemia, Chlorosis, Rickets, Chorea, Amenorrhea Dysmenorrhea, Neurasthenia, Bright's Disease, Convalescence, in fact in all cases of blood impoverishment from whatever cause.

75

M. J. BREITENBACH CO.. NEW YORK. U.S.A

Our Bacteriological Wall Chart or our Differential Diagnosis Chart will be sent to any Physician upon request

INDEX

TO

Medical Advertisements

PAGE II

Hydroleine

An ethical emulsion of cod-liver oil without medicinal admixture.

The manner in which the purest and freshest cod-liver oil is emulsified in Hydroleine, makes it easily digestible. Furthermore, Hydroleine does not offend the taste. Its nutty and distinctive flavor is liked by the most delicate palate, and children take it willingly.

In practice it is markedly utilizable, and is reliably stable. It is effective as a food-fat and possesses superior characteristics.

In Long-continued Professional Use Hydroleine Has Proved Its Dependability

THE CHARLES N. CRITTENTON CO.
115 Fulton Street, New York

Sold by druggists

Sample sent to physicians on request.

Gardiner Dairy

OUR *Milk* is pasteurized at temperature 142°-145° F. for 25 minutes under thermostatic control and with recording chart. Our system has been approved by the foremost scientists in this country. The equipment is called the "Perfect" Pasteurizer

Our *Ice Cream* is pasteurized and homogenized under the Manton-Gaulin patents.

We Would Be Pleased to Have Those Interested Inspect Our Dairy

Galen Hall

WERNERSVILLE, PA.

A First-Class Hotel With Sanatorium Advantages

Same Management as the Atlantic City House

F. L. YOUNG
General Manager

MARYLAND
MEDICAL JOURNAL

A Journal of Medicine and Surgery

Vol. LVI, No. 2 BALTIMORE, FEBRUARY, 1913 Whole No. 1137

COXALGIA AND CHRONIC APPENDICITIS WITH ADHESIONS.

By Thomas R. Brown, M.D.,
Baltimore, Md.

Associate in Medicine, Johns Hopkins University.

I THOUGHT it might be of interest to call attention very briefly to one of the interesting and yet little-studied sides of appendicitis, coxalgia—*i. e.*, pain—usually increased by movement of the right hip. I shall not refer here to that met with in the acute forms of the disease, for here, as a rule, the other clinical symptoms are so definite that the diagnosis is comparatively simple. Nevertheless, in a few of the adult cases and in many of the cases in children the symptoms are often so vague and the diagnosis so extremely difficult that we frequently derive considerable diagnostic help by noting the pain in the right hip, by seeing that the patient constantly keeps the right hip well flexed, or by the increased pain in that hip produced by forcible extension. The cases I refer to offer much greater difficulties in diagnosis; they are the cases of chronic appendicitis, with no or very slight local symptoms, where the diagnosis is only possible by the correlation of many little signs and symptoms, each of comparatively slight importance in itself. Of these, one of real value is the definite coxalgia met with in a certain proportion of these cases. The nature and extent of the various symptoms met with depends somewhat upon the pathological process in the appendix, whether it is due to adhesions, obliteration of the lumen, cysts, erosions, torpid ulcers or fecal calculi, but far more to the direction in which the appendix points—toward the gall-bladder, toward the urinary bladder, or toward the thigh—to the number and thickness of the adhesions, and to the association of the disease with a splanchnoptosis of considerable grade, a very common occurrence in our experience. Thus in one group there may be no local symptoms

whatsoever, and the picture presented may be typical of a psychoneurasthenia, with its general complaints, or may be that of a typical gastric or intestinal dyspepsia, or may simulate cholelithiasis, or cholecystitis, or may present as the main symptoms pain in the right hip, or pain on urination, often a combination of both.

In a series of 20 cases of chronic appendicitis diagnosed beforehand as such, and verified by the operation, in three the main symptom was pain in the right hip, coxalgia appendiculaire; in one the pain had been so intense, was so definitely related to exertion, and had extended over so long a period of time, that a chronic tuberculous coxitis had been seriously considered. Incidentally each of these three cases was associated with splanchnoptosis of the highest grade, and showed dense adhesions, binding appendix, cecum, and a portion of the transverse colon tightly down to the lateral abdominal wall and to the pelvic floor.

Two questions arise in these cases: first, without local symptoms in the appendical region, what aids have we in reaching a correct diagnosis in addition to this pain in the right hip, which is often absent altogether and sometimes absent when the patient is at rest, but is noted after walking, and increased by a flexion of the joint; and, second, how can this condition be differentiated from a chronic tuberculous infection of the hip joint of a very latent nature? In answering these two questions we have been much helped, in the first place, by most careful temperature observations, taken at frequent intervals at rest and after exercise, some slight temperature being very usual in chronic appendicitis and in tuberculosis of the hip, especially after exercise, sometimes a continuous slight fever, more often a mildly remittent type, rarely reaching 100, while a careful study of X-ray plates at various intervals of time after the administration of bismuth, and which were beautifully made by Dr. Baetjer in most of our cases, is of paramount importance, showing in these cases the tight binding down of this portion of the intestinal tract, with very sluggish motility and marked bismuth retention, the hip joint being entirely normal.

In differentiating chronic appendicitis from tuberculous disease, and also as an aid in diagnosing the condition, the determination of both the absolute and differential leucocyte counts is really of great importance—a leucocytosis of from 10,000 to 16,000, though rarely over 13,000, with neutrophiles from 75% to 85%, speaking, of course, for chronic appendicitis—a leucopenia with relative mononuclear increase for tuberculosis. Rovsing's sign, that pressure on the descending colon produces pain in the appendix region, and "la tâche appendiculaire" of the French—the white vertical line on either side of the mouth, with red, rather hectic, cheeks—we have found of slight value.

One case was especially interesting in this connection in which the pain in the hip was so marked that several surgeons who saw

the case regarded it as probably due to a coxalgia secondary to relaxation of the sacro-iliac joint. Nevertheless, a most thorough examination of the patient by Dr. Baer showed no trouble with the joint whatsoever, while the result of the X-ray examination by Dr. Baetjer and the operation by Dr. Fisher showed beyond question that this pain was referable to the dense adhesions in the appendical region, binding down appendix, cecum and ascending colon tightly to the lateral and posterior peritoneal surfaces, and probably definitely affecting either certain nerves themselves or their blood supply. We append the X-ray findings of Dr. Baetjer and Dr. Fisher's note on the operation findings.

DR. BAETJER'S NOTE.

"Eighteen-hour plate—Dilated cecum and ascending colon, with prolapse and enlargement of the transverse colon. Stomach vertical, somewhat prolapsed.

"Forty-two-hour plate—Retention of bismuth in cecum and at hepatic flexure.

"*Conclusions.*—Retention in cecum and ascending colon; sluggish colon."

DR. FISHER'S NOTE ON THE OPERATION.

"Abdomen opened through the right rectus incision; cecum more tightly fixed to posterior abdominal wall than usual. Following the anterior longitudinal band of the colon to its termination failed to reveal the appendix. After dividing the adhesions over the head of the cecum, the base of the appendix was found closely adherent to the cecal wall. The direction of the appendix was posterior to the cecum, the tip being found over the pelvic brim. The appendix was densely adherent throughout its whole extent, the tip being acutely flexed and bulbous. The ileum in its last three inches was partially knicked by a band of adhesions, drawing it posteriorly and toward the cecum. The appendix was removed in the usual manner, the adhesions about the ileum released, and the resulting raw surface covered as far as it was possible to do so without reproducing the kink in the ileum. Wound closed without drainage. Digital palpation failed to demonstrate any lesion in pelvis or in region of the gall-bladder and duodenum."

One very interesting point in this connection is the very frequent association of these cases of chronic appendicitis without definite local symptoms, with splanchnoptosis or general descensus of the abdominal viscera. In our series of 20 cases, each verified by subsequent operation, in considerably more than half a greater or less degree of descensus of the abdominal organs was met with, in many of these cases of a very high degree, so that the cecum and a large portion of the transverse colon were found entirely

below the pelvic brim. It is difficult to say whether the chronic appendicitis is primary, whether it is due to the ptosis of the intestines, with its associated disturbance in the blood and lymph supply, and its tendency to produce sluggish motility and fecal retention in the ileo-cecal region, or whether, due to this retention and accumulation, a local peritonitis is produced, due to bacterial migration through the lymphatics and the blood vessels, and that the appendix is simply involved in this process and is bound down by the adhesions formed by this mild, local, inflammatory process. Certainly most cases of marked ptosis in the ileo-cecal region in time come to fixation by adhesions to a greater or less extent to the posterior, lateral or inferior peritoneal surfaces.

From the study of these 20 cases, all verified by operation, in three of which the coxalgia was the predominant symptom, while in many others it was present, but did not dominate the picture, we think we are quite justified in concluding that coxalgia is quite often met with as a part of the picture of chronic appendicitis, a disease in which the symptoms may be so vague or so definitely referred to some other organ in the abdominal cavity that a diagnosis is very difficult to reach. In a few cases a definite, severe and persistent coxalgia may be the most striking feature of the case and may help us in reaching a diagnosis. From an appreciation of this fact, from a careful study of the temperature, at rest and after exercise, and of the leucocytes, both the absolute number and the percentage of the various forms, and a careful study of the X-ray photographs and repeated fluroscopic examinations, a diagnosis may be reached which would otherwise be impossible. Certainly all cases of coxalgia of a mild form, especially if associated with ptosis of the abdominal viscera, should make us consider chronic appendicitis with ileo-cecal adhesions as a possible cause, and should lead us to especial investigations along the lines mentioned above. As to the cause of this pain, it is conceivable that it might be due to mechanical, or it might be due to chemical causes. We have reported elsewhere a long series of cases of myalgia, neuralgia and neuritis, secondary to a disturbed metabolism, possibly that associated with the so-called arthritic diathesis of the French, characterized by a marked increase in the acidity of the urine and markedly benefited by the administration of alkalies in large amounts, but in these cases of right-sided coxalgia it seems far more probable that the pain is not due to circulating toxins, due to the fecal retention and the abnormal permeability of the blood and lymph vessels in the adherent loops of intestine, but is based on anatomical grounds, and is due to the mechanical effect of the dense adhesions. The direction in which the appendix points and the nature, extent and position of the adhesions seem to be the determining factors in deciding whether in the individual case coxalgia is or is not to be met with.

THE BINET-SIMON SCALE AND ITS VALUE TO THE CHILD.*

By Wm. Rush Dunton, Jr., B.S., M.A., M.D.,
Assistant Physician, Sheppard and Enoch Pratt Hospital.

It seems hardly worth while to go into any detailed description of this scale, and it will perhaps be sufficient to say that it consists of a number of graduated tests so arranged that we can quickly learn the mental age of the child under examination.

Certain modifications in this scale have been made by Dr. Henry H. Goddard of Vineland, which are at the present time used by most of those using this test in this country.

Ordinarily, defective children having a mental age below two years are graded as an idiot, and those having a mental age between two and seven years as an imbecile. Those having a mental age between seven and twelve years are graded as morons. Frequently the pathological condition causing the defectiveness may be used in addition, such as an hydrocephalic idiot, and certain other descriptive terms are also used.

At the Psychiatric Clinic of the Johns Hopkins Hospital Dr. Edward B. Huey has been using this test for over a year, and has examined children sent by school authorities or by the Federated Charities, or anyone who has a suspicion that the child may be defective, which is keeping him from satisfactory study.

I have become acquainted with this test, and when Dr. Huey or his assistants have not been present have made these tests myself, so that I am gradually acquiring some familiarity with them, and at present am more or less competent to decide as to the exact mental age of the subject. Previous to using this test it was much more difficult for me to give the mental age of a child, and its use makes the examination briefer and much more accurate.

It is through the familiarity with this test that I have become so convinced as to its value to the child.

We can easily conceive how difficult it is for certain children to keep up with their studies and to carry on tasks for which they are mentally unfitted. We have probably—and unfortunately—seen this occur over and over again. If the child is examined with these tests, such mental strain is less likely to occur, and I have previously advocated the establishment of a psychologist or someone educated to carry out these tests in every school. At present I know of but one school in Baltimore where such a test is made upon each pupil, and that is the Park School.

It will be very easy to go into this subject at much greater length, but it seems hardly worth while, as we can see what is really necessary in a very short time.

It is the experience of alienists that very many cases of dementia praecox have been caused, at least partly if not entirely,

*Abstract of remarks made at a meeting of the Baltimore County Medical Association, November 21, 1912.

by mental overwork. It is as easy for us to conceive of a person spraining their brain as it is to sprain any other part of the body. If this test is applied to all children and their mental status is determined, they can be directed into paths of usefulness and occupation which will serve to render mental strain practically impossible. We would, therefore, have fewer defectives to care for.

Through the co-operation of the School Board of Baltimore a special class for these defective children, who have been tested by the Binet scale, will shortly be established, and it is probable that it will be productive of good results.

The Psychiatric Clinic will be very glad to co-operate with any of you gentlemen who may know of children who are not doing well at school, and will be glad to make examinations to determine their mental status and help the teacher to better form an opinion as to the trouble with the child, so that anyone sending a child for examination to the clinic will be sure that it will receive proper attention.

Vaccine Therapy. Its Theory and Practice. By R. W. Allen, M.D., B.S. (Lond.), Late Clinical Pathologist to the Mount Vernon Hospital for Disease of the Chest; Late Pathologist to the Royal Eye Hospital; Late Gull Student of Pathology, Guy's Hospital. Fourth edition. Philadelphia: P. Blakiston's Son & Co. 1913. Cloth, $3 net.

Vaccine therapy has today become so thoroughly fixed as a live therapeutic agent, and its uses are being so constantly extended into new fields, that a résumé of the subject at this time is indeed timely. Such marvelous results have been obtained by this method of treatment that physicians, as a whole, are constantly calling one vaccine or the other to their aid. Of late rapid strides have been made in this field of therapeutics, but the literature is in so scattered a form that it is inaccessible to the majority of practitioners, therefore a work of this character which brings the subject up to date should be welcome to the host of physicians who are employing vaccine treatment. The book, which deals with the antibodies, their nature, source and functions; the value of opsonic index estimations in diagnosis, prognosis and treatment; the vaccine, its method of administration and preparation; the rationale of vaccine treatment and some causes of failure; diseases of the skin and the subcutaneous tisues, diseases of bones and joints; diseases of the digestive tract, diseases of the genito-urinary system, diseases of the circulatory system, etc., contains the latest ideas concerning this important subject, and gives minute directions as to the uses, methods of preparation and physiological action of the several vaccines. It is a book that the general practitioner cannot well be without, and should be upon every physician's bookshelf.

HERNIAS OF THE OVIDUCT, OVARY AND OVIDUCT AND OVARY

By Aimé Paul Heineck, M.D.,

Surgeon to the Jefferson Park Hospital, to the Grace Hospital and to the Cook County Hospital, Chicago. Professor of Surgery, Bennett Medical College, Loyola University.

(*Continued from January issue.*)

POST-OPERATIVE VENTRAL HERNIAS OR HERNIAS IN ABDOMINAL SCARS.

The protrusion of parietal peritoneum with stretching of the cicatrix over it may occur after any operative or other penetrating wound of the abdominal wall, except those of very small dimensions.

Though these hernias may occur in any part of the abdominal wall, they are located almost always either in the median line or in the region of the appendix. Owing to the employment of improved operative technique, and to the more rigid observance of the requirements of surgical asepsis, post-operative hernias are decreasing in frequency.

There are two types: In one there is a uniform distention of the cicatricial tissue producing a condition somewhat analogous to separation of the recti muscles; in the other the hernia is due to the giving way of weaker portions of the scar.

The main predisposing etiological factors of post-operative hernias are: (1) Long incisions; (2) faulty closure of abdominal wounds; (3) operations for suppurative processes, which of themselves require for healing that the abdominal wound be maintained open for a considerable period of time; (4) drainage; (5) disturbed wound healing—imperfect asepsis—suppuration; (6) failure to wear for some months after recovery from operation a well-fitting abdominal binder; (7) too early pressure upon the scar; (8) pregnancy.

The only ventral hernia of the uterine appendages which we could find is a tubo-ovarian hernia in an abdominal scar resulting from the opening and prolonged drainage 10 years previously of an appendiceal abscess. The scar was about six inches in length. Cullen, to cure this case, resected the entire cicatrix, loosened the adhesions of the omentum to the ovary; then removed the herniated ovary and hydro-salpinx, and followed this by closure of the abdominal wound without drainage. A satisfactory recovery was obtained. The sac was incomplete for a considerable distance; the ovary lay directly beneath the skin.

Gluteal, Sciatic or Ischiadic Hernias.—This is a very uncommon condition; in the medical literature of the last 150 years only 23 cases are recorded (E. Koeppl). This class of hernias escapes from the abdominal cavity by way of either the greater or the lesser sacro-sciatic foramen. There are three varieties, the supra-

pyriformis, the infra-pyriformis and the spino-tuberosa. These hernias may be congenital or acquired; may occur on either side of the body, and are subject to all the complications of hernia in general. Thirteen of the cases on record were observed in women. Schilbach's case is the only one on record making its exit through the lesser sacro-sciatic foramen. The diagnosis was first made at the autopsy table. During life there had been genital hemorrhage and symptoms of ileus. At the post-mortem examination the ovary was found in the hernial sac, the tube and the broad ligament being caught in the hernial ring.

We found only two cases of ischiadic hernia of the uterine appendages. Both were acquired hernias of the right tube and ovary, occurring in multiparous patients. Both were subjected to operation and recovered.

Woelfler's case is interesting in that it was successfully subjected to an operation for radical cure. The hernia, an infra-pyriformis one, emerged like all others of its type, along the lower border of the pyriformis muscle in close relation to the internal pudic, inferior gluteal and sciatic nerves and vessels. For the previous two years the patient had had attacks of pain radiating along the course of the sciatic nerve, and abdominal suffering associated with nausea and, at times, vomiting. In the right gluteal region there could be palpated below the muscles a globular, fluctuating, fist-sized, non-reducible swelling, from which at one time there was removed by aspiration 50 cubic centimeters, and at another time 500 cubic centimeters of dark reddish fluid containing much albumen, red blood corpuscles and leucin-tyrosin crystals.

The following operation was performed: An eight-centimeter long incision, parallel to the course of the fibres of the gluteus maximus, was made over the summit of the hernial swelling. The muscle fibres were separated; the hernial sac exposed, isolated and opened. It contained the ovary and the end of the tube. The sac contents were ablated; the resulting stump reduced in the abdominal cavity. The sac was then ligated and cut off, after which the operator closed the hernial orifice by approximating the pyriformis muscle to the lesser sacro-sciatic ligament.

Obturator Hernias.—In obturator hernias, the herniated viscus or viscera always escape from the abdominal cavity by way of the obturator or subpubic canal. These hernias, though less infrequent than ischiadic hernias, are nevertheless uncommon; not more than 200 cases are recorded in the medical literature. They are usually small; may be unilateral or bilateral (are more frequent on the right side); may co-exist with hernias of a different type. They may be reducible, irreducible or strangulated.

Picquê and Poirier recognize three main anatomical varieties of obturator hernia. In the first variety, the most common, the hernia follows the entire course of the obturator canal, appearing as a swelling in front of the external orifice of this canal. In the second variety the hernia escapes from the abdominal

cavity through the pelvic orifice of the subpubic canal, but following the course of the inferior division of the obturator nerve, does not traverse the canal's entire length, and makes its exit by passing between the superior and middle bundles of the obturator extermus muscle. In the third variety, the hernial protrusion also enters the pelvic orifice of the obturator canal, but becomes lodged between the obturator membrane and the obturator externus muscle.

Objective symptoms are frequently absent. When a swelling is visible and palpable, it is usually of small volume and is located in the most internal portion of Scarpa's triangle, somewhat resembling a femoral protrusion. It is, however, non-pediculated and does not extend in the direction of the crural canal. In suspected cases, one should always determine whether there is increased pain when the obturator externus is put under tension—abduction and rotation inward of the thigh.

Vaginal examination is important. The internal orifice of the subpubic canal is accessible to the vaginal hand. Two routes are advised for the treatment of obturator hernias, the abdominal route and the obturator route. In the obturator route, the following steps are employed:

1. An incision eight centimeters long is made about three and a half centimeters internal and parallel to the femoral artery.
2. Separate with a grooved sound the internal border of the pectineus muscle from the outer border of the abductor brevis and abductor longus muscles.
3. If necessary, divide a few of the fibres of the pectineus muscle close to their insertion on the pubic bone, so as to facilitate digital exploration of the obturator region.
4. Expose, isolate and open sac; determine its relation to the obturator nerve and vessels, after which nick constricting point if hernia be strangulated and reduce or ablate hernial contents.
5. Closure of wound.

Femoral Hernias.—Hernias which in their escape from the abdominal cavity pass between Poupart's ligament and the horizontal ramus of the pubis, and sooner or later protrude in Scarpa's triangle, are called femoral hernias. Common femoral hernias escape from the abdomen through an orifice bounded anteriorly by the most internal portion of Poupart's ligament; posteriorly by the horizontal ramus of the pubis; externally by the femoral vein and the sheath of the femoral vessels; internally by Gimbernat's ligament. They descend along the most internal compartment of the femoral sheath and ultimately emerge through the saphenous opening. These hernias are contiguous to the femoral vein which always lies external, and they carry along in their progress through the crural canal a mass of condensed areolar tissue, known as the septum crurale. They show a greater tendency to expand upward than downward because the cribri-

form fascia is less adherent to the upper margin of the saphenous opening.

The small number (16 cases) of femoral hernias which we were able to collect, as compared to inguinal hernias, confirms the now accepted but previously disputed fact that in the female inguinal hernias are of more frequent occurrence than femoral hernias. All these femoral hernias were of the acquired type; it is known that congenital femoral hernias are pathological rarities. A femoral hernia is essentially a hernia of adult life. Either side of the body may be involved. The tendency to double femoral hernia is less than that to double inguinal hernia. All femoral hernias, irrespective of contents or of sex of bearer, are of more frequent occurrence on the right side (Wernher, Macready, Berger).

The tubal hernias contained the oviduct either in part or in its entirety, alone or associated with intestine omentum, or both. The presence of the appendix vermiformis in a femoral hernial sac is rare. Coley states that in 2200 cases of hernia operated upon from 1890 to March, 1908, in the Hospital for Ruptured and Crippled, the appendix vermiformis alone was found in 10; the cecum and appendix together in 7. In not a single one of Coley's cases was the appendix found in a femoral hernial sac (W. B. Coley, Keen's Surgery, 1908, vol. I, page 78).

These hernias may be reducible, irreducible or strangulated. Strangulation can occur at any one of the following sites: (a) Internal femoral ring; (b) margin of Gimbernat's ligament; (c) margin of the saphenous opening; (d) meshes of the cribriform fascia; (e) irregularities in the hernial sac. The following operations were performed: (a) Amputation of fimbriated end of tube; (b) incision of hernial swelling and creation of an artificial anus; (c) ablation of tube; (d) ablation of ovary; (e) ablation of tube and ovary; (f) excision of hernial sac and return of tube to abdominal cavity; (g) removed tube and ovary and resected gangrenous intestine.

Truss treatment of femoral hernia is notoriously unsatisfactory and is considered as being only palliative and not at all curative. In femoral hernias, on account of motions of thigh, it is difficult to apply, and especially to maintain pad-pressure in a position conducive to closure of the hernial openings.

Coley, whose clinical experience with the treatment and cure of hernia is greater than that of any other living American surgeon, supplements to high ligation and ablation of the hernial sac with the thorough removal of all extra peritoneal fat the following step. He introduces a pursestring suture of kangaroo tendon in such a way as to bring the floor of the femoral canal in contact with the roof.

Inguinal Hernias.—Hernias which escape from the abdominal cavity, either through the internal or external inguinal fossae, and which emerge upon the surface when complete by way of the

external abdominal ring, are known as inguinal hernias. Of all hernias, they are the ones most frequently noted in the female.

Inguinal hernias of the uterine adnexae may be complete or incomplete. In the incomplete form, the hernia has not escaped beyond the external abdominal ring. Inguinal hernias may be right-sided or left-sided. They may be unilateral or bilateral; as previously stated, all the bilateral hernias of the uterine adnexae, tubal, ovarian or tubo-ovarian recorded in the medical literature of the last 20 years, were of the inguinal variety. They may be reducible or irreducible. They may be strangulated or the seat of torsion. This last accident has only been observed in congenital inguinal hernias, the contents of which were irreducible.

Of the uncommon types of inguinal hernias, only several could be found. There was one direct hernia. This, especially in the female, is an uncommon form. The main characteristics of direct hernias are that the protrusion takes place by way of the internal inguinal fossa; that the neck of the sac is always to the inner side of the deep epigastric vessels and, in the female, that the round ligament is distinct from and to the outer side of the sac. We found three interstitial, or intra-parietal, hernias. All the other inguinal hernias were of the ordinary type; that is, external or indirect or oblique. An ordinary or oblique inguinal hernia in its course through the inguinal canal (narrower in the female than in the male) is accompanied by the round ligaments; as it escapes from the external abdominal ring, it appears in the upper portion of the labium majus, in which it descends to a greater or less extent.

Inguinal hernias vary in size and in form. They may be almond-shaped, ovoid, sausage-shaped, pear-shaped, pyriform, globular or other forms too numerous to mention.

SYMPTOMS AND DIAGNOSIS.

Hernias of the uterine appendages present all the symptoms common to hernias in general. In some hernias of slow and gradual development, owing to the absence of symptoms, not uncommonly the patient ignores that she has a rupture. Some cases do not give rise to any symptoms; some give rise to very slight disturbances; many remain painless until the appearance of the menses and thus are first recognized at about the age of puberty. Pain may be absent during the entire course of a slowly developing hernia. In other cases, the hernial swelling may be so small as to be completely overlooked by a careless observer. Inspection, palpation and percussion of the hernial regions are routine steps in the examination. After having demonstrated the presence of a hernia, the operator has to determine the type of hernia present and the nature of its contents. The existence of other malformations is to be ascertained, as they may be of such a nature as to partially justify the sacrifice of healthy herniated organs.

Clinicians usually do not experience any difficulty in diagnosing

a hernia; at times, they are in doubt as to the type of the hernia present in the case at hand. In fatty individuals, the exact position of the hernial neck is difficult to determine. Obturator hernias are rare, and are found internal to the femoral opening; in femoral hernias, the swelling is found to be almost, if not entirely, below a line extending from the anterior superior iliac spine to the pubic spine.

In the female, the tumor mass caused by a complete oblique inguinal hernia, even of a moderate size, will cause a swelling extending into the labium majus.

In some hernias of the uterine appendages, the patients complain of a feeling of weight and discomfort. The symptom "tenderness on pressure," we find frequently reported. Some of these hernias are painless; some are so painful as to interfere very much with the patients' well-being. Impulse on coughing is not infrequently noted. It is not, however, a constant symptom present; it may be absent. Menstrual disturbances are recorded.

If an oblique inguinal hernia be incomplete; that is, if it does not extend beyond the inguinal canal, it may be mistakenly diagnosed tumor of the round ligament, bubo, epiplocele or encysted hydrocele of the canal of Nuck. In tumors of the round ligament, epiploceles, encysted hydroceles of the canal of Nuck, a mistake in diagnosis is not very significant, as in all these conditions one must to obtain cure resort to operative treatment and to exposure of the inguinal canal.

TREATMENT.

Six of the reported cases were either autopsy-table or dissecting-room discoveries. In some cases, the nature of the operative intervention is not stated. In the other cases, the operators after performing either a laparotomy or a herniotomy, disposed of the herniated organs either by reducing or removing them entirely, or by removing a part and reducing the remainder. In some cases, the reduction of the hernial contents necessitated a preliminary division or a dilatation of the hernial rings, internal or external. In 213 operated cases, the results are stated: Eleven deaths; 202 recoveries.

We advise that all hernias of the uterine appendages, irrespective of anatomical site or of size or of age of bearer, be subjected to an operation for radical cure: (a) If the hernia be irreducible; (b) if the hernia be strangulated; (c) if the pedicle of the herniated organ or organs be the seat of torsion. After the age of two years: (a) If the hernia be bilateral; (b) if other hernias be co-existent; (c) when hernia cannot be painlessly, completely and permanently kept reduced; (d) if organs other than the uterine appendages be also present in the same hernial sac; (e) if the wearing of a hernial truss causes pain or aggravates the symptoms; (f) if the patient has to be subjected to ether or chloroform anesthesia for the performance of an operation of election, double advantage can be taken of this anesthesia

and an operation for the radical cure of the hernia performed; (g) if patient is exposed to pregnancy.

Operation in uncomplicated hernias of the uterine adnexae is no more dangerous than the operation for the radical cure of other hernias. It has practically no mortality. Infants bear hernia operations remarkably well. Broca performed 450 operations on children under 15 years of age with but one death. The operation which has given the most universal satisfaction in the treatment of inguinal hernias is that devised by Bassini. It has the advantages of safety, simplicity and efficacy.

We advise operators to observe in their operations for inguinal hernia the following suggestions:

1. Always wear and have the assistants wear rubber gloves.

2. All ligatures and irremovable buried sutures should be of absorbable material.

3. Always divide the aponeurosis of the external oblique muscle to the extent sufficient to give a good exposure of the inguinal canal and of its contents.

4. Always make a high and careful dissection of the hernial sac from the surrounding tissues, and especially from the round ligament to which it is often quite intimately adherent.

5. Always open the sac and determine by direct inspection and palpation the nature and state of the hernial contents.

6. After reduction or ablation of the hernial contents the sac is to be transfixed and ligated as high as possible. Sac is then removed flush with the peritoneal cavity. So as to prevent the occurrence of peritoneal bulging at the internal ring, we are in the habit of anchoring or fixing the stump of the sac about two centimeters above this point.

7. Never sacrifice the round ligament; it is harmful to the statics of the uterus. Never transplant the round ligament; it is unnecessary. The round ligament is left undisturbed at the bottom of the wound, emerging at the lower angle of the latter; the internal oblique muscle is sutured to the shelving portion of Poupart's ligament; the divided margins of the external oblique aponeurosis are sutured and the skin incision closed. No drainage. After operation, no truss should be worn; a truss does not support the scar, it weakens it.

8. In the female, the internal and external abdominal rings can be closed without detriment to the patient. In direct inguinal hernias, ligation of the deep epigastric artery is at times unavoidable. In hernias of the uterine appendages, the operator must decide as to whether the hernial contents are to be returned to the abdominal cavity or whether they are to be removed.

As to the herniated tube, ovary or tube and ovary when normal, it goes without saying that they should be returned, irrespective of patient's age; if adherent to sac wall or to some hernial content, the adhesions are to be loosened or divided, and if the organ or organs do not show marked structural impairment

they are to be reduced. These organs, when herniated, should be removed, if they be the seat of (a) unavoidable or actual gangrene; (b) benign neoplastic disease; (c) malignant neoplastic disease; (d) voluminous cyst formation; (e) malformation or incomplete development; (f) suppurative inflammation; (g) hematoma or interstitial ovarian hemorrhage; (h) seat of tubal gestation previous or subsequent to rupture of fetal sac; (i) tuberculosis limited to or extending beyond the herniated organ; (j) distortion beyond recognition; (k) such pathological changes as prevent function.

SUMMARY.

1. The Fallopian tube, the ovary or the tube and ovary, in part or in their entirety, may be herniated.

2. The herniated tube, ovary or tube and ovary may be the sole content of the hernial sac, or there may be present as associated hernial contents one or two or more of the following structures or organs: Meckel's diverticulum, appendix vermiformis, omentum, urinary bladder, intestine (small or large), uterus.

3. Tubal, ovarian and tubo-ovarian hernias are congenital or acquired, unilateral or bilateral; exist alone or in association with one or more other hernias of the same or of dissimilar anatomical types, of the same or of dissimilar clinical characteristics.

4. These hernias, in a small proportion of cases, co-exist with malformations, underdevelopment or absence of other internal genitalia or of some external genitalia: Imperforate vagina, absence of vagina, atresia of tube, unilateral absence of tube, of ovary or of tube and ovary, absence of cervix uteri, rudimentary uterus, absence of uterus, etc.

5. In individuals having a hernia of a tube, an ovary or of a tube and ovary, pathological states of other internal genitalia or of some external genitalia may be present: Vaginitis, ovarian cystoma, uterine fibroid, uterine prolapse and other uterine displacements, etc.

6. These hernias may co-exist with pathological states of organs other than the internal or external genitalia: Chronic hydrocephalus, multiple stenosis of intestines, hydronephrosis, etc.; these co-existing pathological states having no relation of cause or effect to the hernial infirmity.

7. Congenital or acquired hernias of the tube, ovary or tube and ovary may develop at any period of life. These hernias have been observed in nulliparae, in primiparae and in multiparae. No age is exempt. No race is immune.

8. According to their anatomical site, hernias of the uterine appendages are designated as post-operative or ventral, gluteal, sciatic or ischiadic, obturator, femoral and inguinal.

9. The tube, the ovary or the tube and ovary may be present alone or in association with other organs in the sac of any variety of gluteal, obturator, femoral or inguinal hernias.

10. Clinically, these hernias are reducible, irreducible, non-

inflamed, inflamed, strangulated or their pedicle may be the seat of torsion.

11. Torsion of the pedicle of a herniated ovary or of a tube and ovary, an accident peculiar to, and not infrequent in, hernias of the uterine appendages, gives the same clinical symptoms and determines the same anatomical changes in the herniated organs as are observed in the strangulation of hernial contents at one or another or more points.

12. We were able to collect eight times as many hernias of the inguinal type as of all the other hernial types put together.

13. Tubal, ovarian and tubo-ovarian inguinal hernias are recent, old or recurrent; are direct, interstitial or intra-parietal, indirect or oblique. If indirect or oblique, they are either complete or incomplete. A few sliding hernias are on record.

14. All the bilateral tubal, ovarian or tubo-ovarian hernias recorded in the medical literature of the last 20 years were of the inguinal variety. In bilateral hernias, both hernias may or may not show the same degree of development; they may have appeared simultaneously or one may have appeared a shorter or longer time before the other. They may show similar or dissimilar clinical characteristics. When bilateral, one hernia may be irreducible and the other reducible.

15. All the hernias in which the complication "torsion of the pedicle" occurred were irreducible congenital inguinal hernias.

16. All the femoral tubal, ovarian or tubo-ovarian hernias recorded in the medical literature of the last 20 years were of the acquired type and appeared in advanced adult life. "Femoral hernia is essentially a hernia of adult life."

17. Hernias of the uterine appendages, in the absence of anomalies of the other internal genitalia or of the external genitalia, do not prevent conception, do not interfere with gestation, nor unfavorably influence parturition. Pregnancy can occur previous to, during and subsequent to the existence of hernias of this nature.

18. The etiology of hernias of the uterine appendages is that of hernia in general. As main factors should be cited: All conditions that weaken the abdominal wall; all conditions that increase the intra-abdominal pressure, and all conditions that increase the mobility of the uterine adnexae. Heredity, pregnancy and the partial or complete persistence of the canal of Nuck are the most important causes.

19. The herniated organ or organs may be free from all degenerative changes.

20. The herniated organ or organs may be bound to the sac wall or to each other; may be the seat of congestion, gangrene, hemorrhage, inflammation, suppuration, tuberculosis (primary or secondary), cystic and neoplastic disease (benign or malignant).

21. The herniated organ may be the seat of gestation.

22. The hernial sac and the herniated adnexa or adnexae may be the seat of an inflammation, suppuration or other in character, which, in progressing by continuity of surface, has extended upward from the vagina, giving us the following anatomical picture: Vaginitis, endocervicitis, endometritis, salpingitis or pyosalpinx, ovaritis and saccular peritonitis.

23. The hernial sac and the herniated contents may be the seat of an inflammation, suppurative or other in character, which has reached the tube and ovary by way of the parametrial and parasalpingeal connective tissue.

24. Pathological processes originating in the hernial contents may by extension by contiguity of tissue involve the sac and its overlying tissues.

25. The hernial sac and the herniated tube, ovary or tube and ovary can become the seat of pathological processes secondary to disease of the associated hernial contents: Epiploitis, appendicitis, gangrenous gut, etc., infection spreading by contiguity of surfaces.

26. The herniated tube, ovary or tube and ovary and the associated hernial contents may be free of disease, or the uterine adnexae may be normal and pathological changes be present in the associated hernial contents: Appendicitis, gangrenous gut, epiploitis, etc. The associated hernial contents may be normal and the herniated uterine adnexae be the seat of morbid changes.

27. It is at times difficult, at times impossible, to state with absolute precision whether the anatomical changes present in the herniated organ or organs developed previous to or subsequent to the displacement of the tube, ovary or tube and ovary into the hernial sac.

28. Truss treatment for hernias of the uterine adnexae is not curative, is often productive of discomfort and interferes with the nutrition and development of the herniated tube or ovary.

29. Women suffering from any form of hernia should be carefully watched before, during and after their confinement, so as to prevent, or rather minimize, any undue strain upon weak regions of the abdominal wall. These women, at the close of lactation or toward the end of the first year following their confinement should, in the absence of contra-indications, be subjected to an operation for radical cure of the hernia.

30. In the female, all hernias, irrespective of anatomical site, of clinical condition or of nature of contents, should, in the absence of a constitutional state contra-indicating operations of election, be subjected to an operation for radical cure.

31. Clinical conditions so closely simulating hernias of the uterine appendages that a positive diagnosis without operation appears impossible, should be subjected to operative treatment. Only benefit can be derived from adherence to this rule. A diagnosis is established and a cure is effected.

32. In these hernias, as in all other hernias, the ideal time for

operation is previous to the development of degenerative or other pathological conditions in the herniated organ or organs and previous to the occurrence of any of the various complications incident to hernias.

33. The mortality of operation for the radical cure of hernias, if performed at an opportune time and by a rapid operator competently assisted, is nil.

34. To be effective, operations for radical cure of hernias must well fulfill two essentials: The suppression of the sac and the strengthening of the area through which the hernia has escaped.

35. In all herniotomies, the sac should be incised and the hernial contents examined.

36. In the female, the inguinal rings are comparatively small. They can, without inconvenience to the patient, be closed.

37. The herniated normal tube or ovary should never be sacrificed. These organs have an important role and in the absence of marked structural impairment should be returned to the abdominal cavity.

38. The herniated abnormal tube, abnormal ovary or abnormal tube and ovary should be removed if their return to the abdominal cavity is associated with peril, immediate or remote, to the patient or if these organs are so altered anatomically as to be functionally worthless. In sacrificing tissues or organs, the surgeon must be economical.

39. Until we are better informed as to the frequency and nature of true and false hermaphroditism, removed herniated uterine adnexae not having a distinctive structure should be subjected to a microscopical examination. This will avoid mistaking testicular for ovarian tissue and vice versa.

40. In the treatment of strangulated sciatic or gluteal, obturator and femoral hernias of the uterine appendages, in which the hernial sac also contains gangrenous gut, a double operation is almost always indicated: a laparotomy for the repair of the intestinal lesions and a herniotomy for the radical cure of the hernia.

A COMPEND OF HISTOLOGY. By Henry Erdman Radasch, M.Sc., M.D., Assistant Professor of Histology and Embryology in the Jefferson Medical College. Third edition. Enlarged and revised, with 111 illustrations. Philadelphia: P. Blakiston's Son and Company. 1912. Cloth, $1.25 net.

The present edition of Radasch's "Compend of Histology" is so full that it would be more fitting to designate it "A Manual of Histology." However, as the value of a book is not measured by its name, but by its contents, for which reason it gives us great pleasure in recommending the present volume to the medical students of the United States. They will find it sufficiently fulsome for their purposes, absolutely trustworthy and an accurate adjuvant to their lectures, and extremely handy in preparing for State board and other examinations.

Book Reviews.

INTERNATIONAL CLINICS. A Quarterly of Illustrated Clinical Lectures and Especially Prepared Original Articles on Treatment, Medicine, Surgery, Neurology, Pediatrics, Obstetrics, Gynecology, Orthopedics, Pathology, Dermatology, Ophthalmology, Otology, Rhinology, Laryngology, Hygiene and Other Topics of Interest to Students and Practitioners. By Leading Members of the Medical Profession Throughout the World. Edited by Henry W. Cattell, A.M., M.D., Philadelphia, U. S. A. Volume IV. Twenty-second Series. Philadelphia and London: J. B. Lippincott Company. Cloth, $2 net.

In the present number of International Clinics the following articles will be found of particular interest to the physician: "Parathyroid Treatment of Paralysis Agitans," "The Treatment of Diabetes," "Some of the Clinical Phenomena Associated with Arteriosclerosis, Enucleation of the Tonsils and Removal of the Adenoids and of the Lingual Tonsil by Simple Methods," "A Case of Stab Wound of the Heart: Transdiaphragmatic Pericardiotomy; Recovery," "Surgery of the Thymus Gland," "The Thoracic Lymphatics and the Vagus Nerves." William N. Berkeley in writing upon the subject of "Parathyroid Treatment of Paralysis Agitans," states that tetany is acknowledged as being the result of damaged parathyroids, but he is also of the opinion that this is not the only disease having relation to these glands and he suggests paralysis agitans as due to a disease or chronic chemical disorder of the parathyroids. In support of this hypothesis, he offers the following data: Paralysis agitans has all of the marks of a chronic chemical poisoning. The symptoms following parathyroidectomy are remarkably like those of paralysis agitans. In certain stages of illness a parathyroidectomized rabbit has propulsion, tremors, rigidity and salivation as perfectly as ever these signs appear in Parkinson's disease. In myxedema and exopthalmic goiter, paralysis agitans has not infrequently occurred as a complication, and it is not too wild a suggestion that the diseased thyroid has damaged the adjacent glands by contiguity of tissue. It is now possible to collate 19 recent autopsies, carefully made upon cases of Parkinson's disease, in which the parathyroids were objects of special research. In some there was unmistaken evidence of disease, in others no definite lesions could be determined. However, the weight of evidence leaned to the side of diseased glands. Taking all these facts into consideration, the writer has tested his theory clinically upon a number of cases, employing the following routine: Two capsules, each containing one-fiftieth of a grain of parathyroid nucleoproteid, are given daily. He definitely states that in paralysis agitans there are no special contra-indications, though some patients complain of nervousness, inability to sit still and aggrava-

tion of their habitual constipation after a few days' dosage. Nothing is necessary in these cases, except to diminish the dose and increase again more slowly. Little benefit can be expected of a satisfactory character, except from small doses continued over a long period of time, three months to a year. Patients taking parathyroid require no change in their mode of life, diet, or habits not otherwise indicated. Those able to attend to business should be encouraged to work, but with shorter hours and more frequent periods of repose.

After a course of treatment as above outlined in more than 100 cases during the past six years, the improvement in the symptoms certainly would lead one to believe that disease of the parathyroids is at the bottom of paralysis agitans. The clinical benefit has consisted in diminished rigidity, lessened pain, salivation cured, shaking diminished or cured, voluntary control of muscles greatly increased, and restlessness and insomnia nearly or quite abolished. The results obtained by Berkeley are indeed remarkable; therefore, his line of treatment should be given a thorough trial, as anything which offers a ray of hope to this sorely afflicted group of patients is indeed a blessing.

A Manual of Personal Hygiene; Proper Living Upon A Physiologic Basis. By American Authors. Edited by Walter L. Pyle, A.M., M.D., Member of the American Opthalmological Society, Fellow of the American Academy of Medicine, Fellow of the College of Physicians of Philadelphia, Ophthalmic Surgeon to Mount Sinai Hospital, Assistant Surgeon to the Wills Eye Hospital, Philadelphia, etc. Contributors: D. H. Bergey, M.D.; J. W. Courtney, M.D.; George Howard Fox, M.D.; Joel E. Goldthwait, M.D.; E. Fletcher Ingals, M.D.; Walter L. Pyle, M.D.; B. Alexander Randall, M.D.; G. N. Stewart, M.D., (Edin); Charles G. Stockton, M.D.; Harvey W. Wiley, M.D. Fifth edition. Enlarged and revised. 12mo of 516 pages. Illustrated Philadelphia and London: W. B. Saunders Company. Baltimore: The Medical Standard Book Co. 1912. Cloth, $1.50 net.

The ordinary individual is all too ignorant concerning his body and bodily functions, so that works of the above character should exert a real influence in creating a desire among the public to become better acquainted with themselves and how to keep the body in health. Personal hygiene exerts a powerful influence, either for or against health; therefore, it is better that such men as the collaborators of this book should engage in a discussion of this kind, rather than leave the public to the tender mercies of the charlatan, who preys upon their frailities. The volume is a very complete exposition on the care of the digestive organs, skin, vocal and respiratory apparatus, ear, eye, brain and nervous system, physical exercise, body posture, domestic hygiene, food

adulteration and deterioration. Written in popular style, each section gives the essential anatomy and physiology of the organ with which it deals, the methods to be employed in detecting disease and complete and exact directions as to the way to correct correctable affections. The beauty of the volume is that it is written by experts in their particular field, and can therefore be relied upon as authoritative.

THE PSYCHOLOGY OF INSANITY. By Bernard Hart, M.D. (London), Lecturer in Psychiatry, University College Hospital Medical School; Medical Superintendent Northumberland House Asylum. Cambridge University Press. The Cambridge Manuals of Science and Literature. 1912. Cloth, 40 cents net. New York: G. P. Putnam's Sons.

From the revolting misery of the asylums in the days agone to the humanitarian treatment of the unbalanced today is a far cry, and has only been accomplished by the gradual realization that insanity is a disease, not a stigma. This conception has only come about by the scientific research of a host of workers, who have labored diligently and perseveringly in the dead house, pathological, histological, physiological and other laboratories to unweave the mysteries of insanity. Thus has grown up our belief that insanity must be attacked along the lines which had led everywhere else to a better understanding of things medical. In the enthusiasm of the moment, it was believed that the nature and causes of insanity would soon be laid bare, only to be dampened by repeated failures. Consequently, another tact had to be taken if the profession was to make further advances in their conception of this most intricate of diseases. This has led to the psychological method of investigating abnormal mental processes, and is based upon the conception that mental processes can be directly studied without any reference to the accompanying changes which are presumed to take place in the brain, and that insanity may therefore be safely attacked from the standpoint of psychology. Early attempts to develop this aspect of insanity were largely vitiated by the confusion of psychology with metaphysics, theology, ethics. Finally, however, psychology succeeded in freeing itself from its alien companions, and the way was clear for its application to the study of insanity. At the present time, therefore, there are two dominating conceptions of insanity, the physiological and the psychological, differing widely in their mode of dealing with the subject, but both alike founded upon the employment of scientific methods.

It is with the psychological that this monograph deals, and one cannot help but be impressed with the advances psychologic investigations have made possible in our knowledge of insanity. It has indeed proven a helpful hand maiden to the physiologic method and has borne much fruit.

REPORT OF BOARD OF MEDICAL EXAMINERS OF MARYLAND.

QUESTIONS AT THE DECEMBER (1912) EXAMINATIONS.

CHEMISTRY.

1. Define: Reagents, oxidation, precipitate, combustion and valence, and give an example of each.

2. (a) What is a base? (b) What is an acid? (c) What is a salt? (d) What is an alkaloid? (e) What is an alcohol?

3. Give one chemical test for the following when occurring in urine: (a) Sugar, (b) bile, (c) albumen, (d) blood, (e) diacetic acid.

4. Give the chemical formula of each of the following: (a) Hydrogen peroxide, (b) hydrocyanic acid, (c) calomel, (d) arsenious oxide, (e) benzene.

5. State the names and the general chemical and physical properties of the "halogens."

6. Complete the following equations:

$$Mg + H_2SO_4 =$$
$$CO_2 + Ca(OH)_2 =$$
$$CuO + 2HNO_3 =$$
$$NH_3 + HCl =$$
$$BaO_2 + H_2SO_4 =$$

7. (a) What are amalgams? (b) What are indicators? (c) What are alexins? (d) What are ptomaines? (e) What is an atom?

8. Give the chemical formula, properties and uses of magnesium sulphate.

9. Under what circumstances are the syllables mono, di, tri, tetra and penta used in chemical nomenclature? Give examples.

10. Give a chemical antidote for (a) mercuric chloride. (b) Give two tests for organic matter in water. (c) What is ozone? (d) What is the average composition of cow's milk?

ANATOMY.

1. Describe upper extremity of the femur, including attachments of muscles.

2. Name (a) ligaments of elbow joint, and (b) bones entering into formation of radiocarpal joint.

3. Make drawing of outer surface of cerebral hemisphere showing position of lobes and chief fissures and convolutions.

4. After ligation of common carotid artery, how is collateral circulation established?

5. What anatomical structures pass through the sphenoidal fissure (foramen lacerum anterius)?

6. Origin, course and distribution of facial nerve?

7. What structures are found between the layers of the broad ligament (ligamentum latum uteri)?

8. Describe the male urethra.

9. What glands are in the stomach?

10. Attachments, action and nerve supply of the following muscles: Rectus femoris, pronator quadratus, psoas-magnus, triceps (extensor cubiti)?

THERAPEUTICS.

1. Write a prescription in Latin, without abbreviation, containing three ingredients or more which you would use in acute pharyngitis, and give directions for administration.

2. Write a prescription in Latin, without abbreviation, which you would use in acute rheumatic arthritis, and give directions for administration.

3. What is a prescription? Name its constituent parts.

4. Define therapeutic, chemical and pharmaceutic incompatibility, and give an example of each.

5. Give the physiological action and therapeutics of amyl nitrite.

6. Chloral hydrate, its physiological action and therapy.

7. Ergotum, physiological action and therapy in parturition.

8. Give the therapeutics of aconitum.

9. Write a prescription for an emulsion and give indications for its use.

10. Give the dose of sparteine per orem and state its therapy.

MATERIA MEDICA.

1. (a) Define tincture, fluid extract, decoction and infusion. (b) What is the ordinary relative strength of a tincture to a fluid extract?

2. Opium—How obtained, official preparations and doses?

3. (a) What is meant by incompatibles? Name some. (b) What are the kinds of incompatibility?

4. Mercury—Name five official preparations and some of the incompatibles.

5. Name and describe six methods of introducing medicine into the system.

6. (a) What is the difference between an expectorant and an emetic? (b) Name three of each and the doses for a child three years old.

7. Name three circulatory stimulants, circulatory depressants, antispasmodics, emetics, carminatives and diuretics, and give doses of each.

8. What is the average adult dose of the following: Tincture nux vomica, tincture veratrum, tincture aconite, sulph. morph., tincture

opium, Fowler's sol. arsenic, nitroglycerine and codeine?

9. Chloral hydrate, preparation and dose?

10. Potassium — Give six official preparations, doses and incompatibles.

PHYSIOLOGY.

1. State into what general classes foods are divided. Give example of each.

2. What is the function of each class of food in nutrition?

3. (a) Name the secretions of the body and the functions of each. (b) Name the excretions of the body.

4. (a) What are the sources of animal heat? (b) Mention some of the conditions affecting heat production.

5. Describe the functions of the spinal nerves.

6. (a) What are the channels of absorption? (b) Mention the facts and conditions that favor absorption and those that retard it.

7. Give the composition, reaction, uses and specific gravity of the blood, and the causes of the variation in specific gravity.

8. (a) What do you understand by blood pressure? (b) State the cause of blood pressure in the arteries, capillaries and veins.

9. Describe the function of the mucous membrane of the respiratory tract, and the changes produced in the air and blood by respiration.

10. (a) What is the physiologic function of the liver? (b) State the origin, nature and destination of glycogen.

PATHOLOGY.

1. Describe the changes occurring in cirrhosis of the liver.

2. Describe the mode of formation of tube-casts and mention their significance.

3. Oxyuris vermicularis—Describe it and give its habits.

4. Mention the pathological changes and associated conditions present in rachitis?

5. What changes are induced by chronic phosphorus poisoning?

6. Outline briefly the method which you would pursue in order to have the pathogenicity of a certain organism found in the blood of an animal in pure culture at autopsy.

7. Mention two or more pathological conditions which would permit the spontaneous fracture of a long bone, and describe one of them.

8. Describe the changes occurring in an inflamed area which cause swelling and redness.

9. Mention the abdominal lesions present in the third week of an ordinary case of typhoid fever, and describe the conditions which precede a perforation.

10. What is the theory in regard to the action of the antitetanic vaccine? In what way does this differ in action from diphtheria antitoxin?

PRACTICE.

1. Define: (a) Kernig's sign, (b) Ludwig's angina, (c) Koplik's sign, (d) pyelitis, (e) endocarditis.

2. Define: (a) Cholelithiasis, (b) chorea major, (c) empyema, (d) pertussis, (e) Babinski's sign.

3. Differentiate: Rubeola and scarlatina.

4. Name the symptoms of Graves' disease.

5. How would you diagnose a case of infantile paralysis?

6. Name the most important diseases occurring in the right inguinal region.

7. Name the types of chronic nephritis. Differentiate each type.

8. Give treatment of pharyngeal diphtheria.

9. Give treatment of influenza.

10. Give treatment of infantile paralysis.

SURGERY.

1. What are the indications for enucleation of the eyeball? Describe an operation.

2. Symptomatology and treatment of acute catarrhal otitis media.

3. Differentiate between pernicious anemia and carcinoma of the stomach.

4. Give symptoms and treatment of coxalgia.

5. What technique and treatment would you employ for a punctured wound about the ankle caused by a pitchfork?

6. Give cause, symptoms, diagnosis, operative and post-operative treatment of rupture of the bladder.

7. Discuss the cardinal symptoms of brain tumor.

8. What is the significance of blood in the stools?

9. Give the symptoms and physical signs of carcinoma of the breast.

10. What are the causes and symptoms of intestinal obstruction?

OBSTETRICS.

1. What should be learned at the first examination in a case of labor?

2. Name the occipital presentations.

3. What is placenta prævia, and how treated? What is dystocia?

4. What is version, and how many kinds of version are there?

5. How is the cord tied and dressed?

6. Describe the method of resuscitation when the child is apparently still-born.

7. What changes in the fetal circulation occur at birth?

8. Describe the deviations of the uterus from the normal position.

9. Give the etiology and treatment of erosion of the cervix.

10. Describe the operation Cesarean section.

Summary of Results of Examination Held by the Board of Medical Examiners of Maryland, December 10, 11, 12 and 13, 1912.

No.	College of Graduation.	Anatomy.	Surgery.	Pathology.	Obstetrics.	Practice.	Chemistry.	Materia Medica.	Therapeutics.	Physiology.	Total.	Average.
1	University of Pennsylvania, '12	77	75	83	88	80	82	88	94	80	747	83
2	Georgetown Medical, '11	70	..	..	..	..	..	56	58	..	...	..
3	Maryland Medical, '12	64	69	91	..	..	65	75	..	..	...	..
4	Maryland Medical, '12	..	..	80	..	78	88	75	75	75	...	..
5	Maryland Medical, '12	61	..	..	..	..	76	75	91	75	...	..
6	Baltimore Medical, '12	75	71	95	80	89	83	84	62	87	726	81
7	Jefferson Medical, '12	81	76	89	89	83	96	61	78	84	737	82
8	Medical and Chirurgical, Phila., '10	82	78	83	78	75	82	84	77	75	714	79
9	Medical and Chirurgical, Phila., '12	67	66	68	95	71	77	67	75	45	631	70
10	Medical and Chirurgical, Phila., '12	68	66	91	90	85	79	80	84	75	718	80
11	Maryland Medical, '12	66	75	89	83	78	75	60	64	63	653	72
12	Maryland Medical, '12	55	75	71	65	75	60	52	61	50	564	62
13	Baltimore Medical, '12	78	61	97	88	71	91	82	85	78	731	81
14	University of Maryland, '12	78	..	..	..	..	..	81	75	80	...	..
15	Maryland Medical, '12	.	..	87	..	..	68	50	71	50	...	..
16	Maryland Medical, '12	Failed to appear.										
17	Medical and Chirurgical, Phila., '11	80	76	90	88	80	79	82	92	75	748	83
18	University of Maryland, '11	60	76	73	75	63	86	75	72	75	655	73
19	University of Maryland	87	..	..	..	..	84	83	..	80	...	..
20	Maryland Medical, '12	63	42	38	75	51	75	50	56	40	490	54
21	Maryland Medical, '12	75	..	..	..	75	75	..	75	76	...	..
22	Jefferson Medical, '02	60	69	70	75	75	53	58	81	31	572	63
23	Baltimore Medical, '12	66	..	71	..	71	..	..	..	..	...	..
24	College of Physicians and Surg., Balto., '12	76	77	81	95	84	78	79	78	75	723	80
25	George Washington University, '11	82	..	48	78	75	70	65	70	75	563	62
26	Maryland Medical, '10	56	61	60	55	70	..	62	..	48	...	..
27	University of Maryland, '11	84	76	95	95	84	98	95	81	52	760	84
28	University of Pennsylvania, '12	78	84	99	93	78	75	83	92	77	759	84
29	Woman's Medical College of Pa., '10	72	56	71	..	56	75	75	..	75	...	..
30	University of Maryland, '12	70	67	91	92	75	83	75	85	75	713	79
31	Johns Hopkins, '11	60	73	94	91	75	85	80	75	91	724	80
32	University of Pennsylvania, '12	61	76	83	83	88	76	82	84	69	702	78
33	Maryland Medical, '12	Failed to appear.										
34	Maryland Medical, '12	58	75	89	87	75	75	80	93	62	694	77
35	Baltimore Medical	59	..	..	..	..	75	75	..	36	...	..
36	College of Physicians and Surg., '12	94	79	91	87	84	76	88	81	90	770	85
37	Maryland Medical, '12	93	75	..	..	77	84	..	82	..	...	..
38	Medical and Chirurgical, Phila., '12	57	63	76	75	75	75	66	69	59	615	68
39	Maryland Medical, '12	Failed to appear.										
40	Maryland Medical, '12	59	71	89	81	75	92	57	75	57	656	73
41	University Col. of Medicine, Richmond, '12	45	76	79	97	75	79	66	83	75	675	75
42	College of Physicians and Surg., Balto., '12	90	79	88	75	81	82	78	90	80	743	82
43	Temple University, '12	65	75	82	82	83	77	63	80	75	682	76
44	College of Physicians and Surg., Balto., '12	82	82	97	81	82	75	75	91	53	718	80
45	Maryland Medical, '12	38	39	32	..	39	75	25	34	21	...	..
46	Jefferson Medical, '12	57	75	76	80	82	69	80	86	70	675	75
47	Maryland Medical, '10	70	80	75	75	72	89	80	64	75	675	75
48	George Washington University, '12	86	86	96	79	78	87	76	84	77	749	83
49	Howard University, '11	81	71	87	90	78	91	88	77	83	746	83
50	Howard University, '12	59	74	73	72	81	76	64	60	54	604	67
51	University of Maryland, '12	57	76	78	94	76	75	77	70	76	679	75
52	Meharry Medical, '12	54	44	76	63	60	59	50	54	36	496	55
53	College of Physicians and Surg., Balto., '12	62	70	75	77	83	81	67	86	75	676	75
54	Maryland Medical, '12	Failed to appear.										
55	College of Physicians and Surg., Balto., '12	70	75	86	70	77	75	75	76	77	681	76
56	University of Maryland	35	..	..	..	..	53	40	..	39	...	..
57	College of Physicians and Surg., Balto., '12	94	76	90	92	82	86	78	79	78	755	84
58	College of Physicians and Surg., Balto., '12	85	75	80	80	75	79	78	76	75	703	78
59	University of Maryland	47	..	..	..	..	69	77	..	75	...	..
60	University of Maryland, '11	88	75	86	94	81	82	77	85	79	747	83
61	University of Pennsylvania, '12	92	88	96	93	88	85	84	88	80	794	88
62	University of Maryland, '12	80	83	87	92	88	76	80	75	65	726	81
63	University and Bellevue Hosp., N. Y., '05	89	79	96	92	81	85	84	84	75	765	85
64	Baltimore Medical, '11	85	..	80	..	..	..	..	75	75	...	..
65	University of Maryland, '12	81	75	86	81	84	71	75	66	78	697	77
66	Maryland Medical, '12	Failed to appear.										
67	University of Maryland, '12	99	..	..	94	..	..	..	85	..	...	..
68	College of Physicians and Surg., Balto., '12	65	73	69	88	60	62	65	61	60	603	67
69	Maryland Medical, '12	89	..	78	..	75	88	78	76	..	...	..
70	University of Maryland, '12	82	84	87	91	88	96	75	77	75	755	84
71	Maryland Medical, '11	62	70	79	78	56	77	75	59	59	615	68
72	Maryland Medical, '06	78	..	78	..	..	..	..	..	..	...	..
73	Starling, Ohio Medical University, '03	52	56	13	91	49	93	57	57	51	513	60

In the above summary an average of 75 is required of those participating in the examination for the first time in order to secure a license. Those who have failed are eligible to re-examination at the expiration of six months. They are then obliged to receive a rating of 75 in each branch in which they are re-examined before license can be issued. Under the Maryland laws, students who, at the end of their second year, have successfully passed their college examination in Anatomy, Chemistry, Materia Medica and Physiology, are entitled to examination by the Board of Medical Examiners in these branches. The ratings made by these students in the examination known as the "second year examination" are carried forward and made part of the final examination, when an average of 75 must be obtained to secure a license. We trust that this statement will make clear the apparently incomplete examination of certain participants.

MARYLAND MEDICAL JOURNAL

NATHAN WINSLOW, M.D., *Editor.*

Associate Editors:

THOMAS R. BROWN, M.D. | JOSE L. HIRSH, M.D.
HUGH H. YOUNG, M.D | ALEXIUS MCGLANNAN, M.D.
RICHARD H. JOHNSTON, M.D. | A. SAMUELS, M.D.

BALTIMORE, FEBRUARY, 1913

THE LATE DR. JAMES BOSLEY.

It is with much regret that the JOURNAL announces the death of Dr. James Bosley, late Health Commissioner for Baltimore city, which occurred January 5, 1913, at his home, 412 Cathedral street, from pneumonia, aged 60 years. Since entering upon the duties of Health Commissioner in 1900, Dr. Bosley, through his interest in progressive health legislation, became widely and favorably known throughout the country as a sanitarian of signal ability. Dr. Bosley entered the municipal service as vaccine physician, serving two years, 1878-1880, and was School Commissioner from 1889-1897. He was appointed Health Commissioner for Baltimore in 1900 by ex-Mayor Thomas G. Hayes and was reappointed by Mayor McLane, Mayor Mahool and Mayor Preston. While holding this office, he worked incessantly for the betterment of Baltimore's health conditions, for which work he gained national repute as a sanitarian. He was instrumental and active in the obtaining of needed legislation for the safeguarding of the city's health, but the chief achievement of his administration was the establishment of the Sydenham Hospital for Infectious Diseases. Baltimoreans take especial pride in Dr. Bosley's career in that he was a native Baltimorean and educated in the private and public schools of the city and county. He received his degree of Doctor of Medicine in 1874 from the University of Virginia. After graduation he returned to Baltimore, where he entered upon the practice of medicine and soon built up a large and lucrative practice in the west end. In 1900, much against his will and inclinations, he was persuaded by ex-Mayor Thomas G. Hayes to assume the responsibilities of Health Commisssioner. He was a member of the American Medical Association and the Medical and Chirurgical Faculty of Maryland. He is survived

by his wife, who was Miss Ruth Waters, a son and daughter. He died as the result of his devotion to duty and his love in serving humanity. He was an indefatigable worker, laboring in season and out of season, to make his administration of the Health Department a success, the pathway to which he thoroughly believed was in serving humanity.

"But whether on the scaffold high,
Or in the battle's van,
The fittest place where man can die
Is where he dies for man."

NEW MEN IN OLD PLACES.

The death of Dr. Bosley and the filling of his place as Health Commissioner of Baltimore by Dr. Nathan Ryno Gorter; the resignation of Dr. Marshall Langdon Price because of ill-health, and the naming of Dr. John Samuel Fulton as the new secretary of the Board of Health in his stead, are changes which the past month has brought.

Dr. Gorter takes up his work at a time when the city is suffering from a smallpox scare, and the work of his office is unusually heavy and responsible. He has taken hold of the situation in a way that presages well for the new administration, and our cordial good wishes are extended to him.

Dr. Fulton simply comes home again, as he is distinctly a Marylander. He was educated in this State, graduated from her oldest medical institution, served her many years as a private practitioner in the counties, and then in Baltimore, and was from 1896 to 1907 secretary of the State Board of Health, and therefore well acquainted with the work to which he is returning. He was for several years editor of the Maryland Medical Journal, and afterwards became secretary-general of the International Congress of Tuberculosis; and with the unusual combination of a personal knowledge of county and city practice and State and national and international public health work, comes to the work he resigned in 1907 better equipped for it, possibly, than any other health board secretary in the country. Of Dr. Marshall Langdon Price, Dr. Fulton's own words best describe him and his work: "The State of Maryland will lose an unusually efficient man," and we wish for him a speedy restoration to health and work in this community.

Medical Items.

President Taft has appointed Dr. William C. Lyon of Baltimore an assistant surgeon in the Medical Reserve Corps of the Navy.

Dr. John W. Ebert has settled for practice in Winchester, Va.

Drs. Rupert Blue, Surgeon-General of the Public Health Service of the United States; Henry R. Carter, J. A. Nydegger and C. H. Stiles will deliver a series of lectures on tropical diseases at the University of Maryland.

Dr. Li Bi Cu, of Nyucheng, China, is taking a post-graduate course in medicine at the Johns Hopkins Hospital.

Dr. William Lee Howard's private sanitarium at Westboro, Mass., for the study and treatment of morbid psychological cases, is now in charge of Dr. Von Belibestein, a former assistant of Dr. Kraft-Ebing. Dr. Howard, formerly of Baltimore, is editorially connected with the Magazine syndicate of this country.

A committee has been appointed to manage the affairs of the Johns Hopkins University until a president is elected. Dr. William H. Welch has been appointed chairman of this committee.

Dr. Charles Wellman Mitchell has been quite ill of grip, but is now well on the way to recovery.

Dr. Alan M. Chesney of the Johns Hopkins Hospital will spend six months as assistant resident physician in Rockefeller Institute, New York, returning to the Hopkins in August.

Dr. Thomas Fell has been elected provost of the University of Maryland, succeeding the late Bernard Carter.

Dr. Henry R. Carter has been appointed superintendent of the Marine Hospital, succeeding Dr. W. P. McIntosh.

The engagement is announced of Miss Lucy Perry, daughter of Mrs. S. M. Perry, of Atlanta, Ga., to Dr. Emmett O'Brien Taylor, University of Maryland, '11, of Greeleyville, N. C.

Dr. Frederick Henry Vinup has been appointed assistant surgeon of the Fourth Regiment, Maryland National Guard, succeeding Dr. J. Harry Ullrich, now chief surgeon of the regiment.

New internes have been appointed at the Hopkins Hospital as follows:

Medical—R. L. Levy, W. G. Carlisle and F. J. Smith.

Gynecological—W. W. Young, W. R. Holmes and E. C. Fishbaugh.

Surgical—M. H. Todd, L. T. Post, Edward Jelks and H. L. Cecil.

Pediatrics—L. D. Minsk, J. R. Turner and G. F. Powers.

Obstetrical—N. M. Canter.

Miss Roberta L. Ball, formerly superintendent of nurses in the Union Protestant Infirmary, has been appointed superintendent of the Infirmary, succeeding Dr. William M. Dabney.

Dr. Oswald S. Lowsley, who served for five years as instructor of athletics at the Baltimore Athletic Club, has been appointed an interne in surgery in Bellevue Hospital, New York.

Mr. and Mrs. Abraham Rogers, of Boston, Mass., announce the engagement of their daughter, Elizabeth Grace, to Dr. Emil Novak, Baltimore Medical College, '04, of Baltimore. The marriage will be solemnized on March 24, 1913.

The Central Directory of Registered Nurses, Inc., has appointed the following officers for the coming year:

President—Sarah F. Martin.

Vice-President—Sarah Haydock.

Secretary Register—C. E. Query.

Treasurer—Mary C. Packard.

Board of Members—Mary E. Lent and Anna Short.

Governor Goldsborough entertained Drs. Lewellys S. Barker, William S. Thayer and C. Hampson Jones of Baltimore at dinner January 10. These gentlemen later addressed a meeting of the House of Delegates at the State House in the interest of the permanent organization of a local branch of the Society for the Prevention and Relief of Tuberculosis.

Dr. Benjamin B. Turner has been appointed assistant in pharmacology and Dr. Caroline B. Towles assistant in pediatrics in Johns Hopkins Medical School.

The committee of public instruction of the Medical and Chirurgical Faculty of Maryland has planned a mental hygiene week late in February. Elaborate exhibits on mental hygiene

THE CHAS. H. PHILLIPS CHEMICAL CO.
NEW YORK and LONDON

PHILLIPS' MILK OF MAGNESIA

"THE PERFECT ANTACID"

SUPERIOR TO LIME WATER, BICARBONATE OF SODA, CHALK, ETC.
for correcting Hyperacid conditions—local or systemic.
Vehicle for Salicylates, Iodids, Balsams, etc.

PHILLIPS' REFINED CAMPHOR
PHILLIPS' WHEAT PHOSPHATES
PHILLIPS' DIGESTIBLE COCOA
PHILLIPS' PHOSPHO-MURIATE OF QUININE
PHILLIPS' SYRUP OF WHEAT PHOSPHATES
PHILLIPS' EMULSION OF COD LIVER OIL

In Asthma

at the onset of the bronchial type, rapid relief usually follows the use of our Soluble Hypodermic Tablets of —

Morphine nitrate	1/20 gr.
Nitroglycerin	1/50 gr.
Strychnine nitrate	1/50 gr

Often one tablet jugulates the attack.
Use it subcutaneously or by the mouth.
When and where shall we send ***your*** free sample?

SHARP & DOHME
The Hypodermic Tablet People
BALTIMORE, MD.

and temperance will be shown, and papers will be read on topics relating to mental health, eugenics, alcoholism, etc. This congress will be followed by smaller meetings in various parts of the city and surroundings.

Dr. E. M. Duncan has been elected president of the Govans Improvement and Protective Association.

Dr. Horace W. Nicholson is ill in Mercy Hospital.

Dr. George C. Wegefarth, who was operated on for appendicitis at the Church Home and Infirmary December 12, is making satisfactory progress.

Dr. John C. Harris, who suffered a cerebral hemorrhage several months ago, fell from his window to the cellarway recently, suffering severe cuts and bruises.

Dr. John M. T. Finney has been appointed professor of clinical surgery in Johns Hopkins University.

At the annual meeting of the Hebrew Hospital, held January 12, gifts were announced of a mattress sterilizer, valued at $1500, and of $4000 through Dr. Charles Bagley, Jr., as a foundation for the pathologic fund. A new nurses' home has been added during the year.

Dr. Walter G. Sexton has been made resident surgeon of the Hebrew Hospital.

A tuberculosis clinic is to be opened in the basement of the new city hall, Cumberland. A visiting nurse will be in charge, and five physicians have volunteered to assist.

Dr. Thomas R. Boggs has been made physician-in-chief of the City Hospital.

Dr. Charles A. Wells has been elected president of the Upper Marlboro Bank.

The psychiatric clinic of Johns Hopkins Hospital will open April 16, with accommodation for 100 patients.

MARRIAGES.

James Erwin Diehl, M. D., University of Maryland, '77, of Trenton, N. J., to Miss Lillie May Tucker, of Raleigh, N. C., at Raleigh, January 18, 1913.

Robert Preston Winterode, M. D., Baltimore Medical College, 1900, of Crownsville, Md., to Miss Emma Victoria Horn of Mount Airy, Md., at Baltimore, January 22, 1913.

Howard LeRoy Dovey, M. D., Maryland Medical College, '11, of Dudley, Pa., to Miss Mary Bronner, of Baltimore, at Philadelphia, June 1, 1912.

DEATHS.

James Bosley, M. D., University of Virginia, '74, Health Commissioner of Baltimore since 1900, died at his home on January 5, 1913, from pneumonia, aged 60 years.

Richard Channing Massenburg, M. D. University of Maryland, '67, died at his home in Towson, Md., December 30, 1912, from diabetes, aged 67 years.

Charles L. Kennedy, M. D., College of Physicians and Surgeons, '97, was struck by a train and instantly killed at Troy, N. C., December 26, 1913, aged 38 years.

Oliver Parker Penning, M. D., University of Maryland, '97, died at his home in Baltimore December 29, 1912, of splenomyelogenous leukemia, aged 43 years.

Raymond H. Pillow, M. D., Jefferson Medical College, '76, of Butler, Pa., died at his home January 10, 1913, of cerebral hemorrhage, aged 59 years.

Thomas Clinton Baldwin, M. D., University of Maryland, '94, died at his home in White Hall, Md., January 3, 1913, of nephritis, aged 44 years.

John A. Burlington, M. D., Baltimore Medical College, '90, died at his home in Duryea, Pa., December 31, 1912, from pneumonia, aged 55 years.

Edward Lawrence Casey, M. D., University of Maryland, '05, died at his home in North Woodstock, N. H., December 10, 1912, aged 30 years.

William Henry Smith, M. D., Baltimore Medical College, 1900, died at his home in Unionville, N. C., December 5, 1912, from the effects of an overdose of phenol, aged 41 years.

Benjamin T. Winchester, M. D., University of Maryland, '75, died at his home in Windsor Hills, Md., January 14, 1913, aged 62 years.

Millard May Von Wachter, M. D., Northwestern Medical College, '85, of Long Island, Kansas, died at the home of his brother, in Baltimore, of Bright's disease, aged 58 years.

Robert John Price, M. D. University of Maryland, '66, died at his home in Vienna, Md., of paralysis, January 15, 1913, aged 73 years.

Medical Opinion Concerning Coffee

is more concrete, definite, decisive today than it ever was before.

The Doctor of the present time **knows definitely** why he must, under certain conditions, for the best interests of his patient, forbid coffee as a beverage.

He knows, for example, that the active principle, Caffeine, in coffee, acts directly as a stimulant on the heart, and, in this way, increases the blood-pressure when it might be desirable to relieve an already too-high tension.

Acting on the heart in this definite way, if used as a routine stimulant, coffee, in time, must inevitably produce more or less irregularity of the heart's action, and thus be the forerunner of greater or less serious chronic trouble (some persons being more susceptible than others.)

The logical, easy way to **lead** the patient out of the impending danger (be it of whatsoever degree) is to prescribe the well-known, wholesome and agreeable drink, **POSTUM.**

Made of clean, hard wheat and the juice of Southern sugar-cane, this cereal beverage is **not** in any way harmful, but, in a degree, nutritious.

Postum now comes in new, convenient form called

Instant Postum

It is percolated at the factory and reduced by special, sanitary process, to a concentrated powder. A teaspoonful of the powder in a cup with **hot** water produces a perfect cup **instantly.**

The flavor of "Instant Postum" is always the same—refreshing, delicious, wholesome, satisfying.

The *Clinical Record*, for physicians' bedside use, together with samples of **Instant Postum, Grape-Nuts** and **Post Toasties** for personal and clinical examination, will be sent on request to any physician who has not yet received them.

POSTUM CEREAL COMPANY, Limited, BATTLE CREEK, MICH., U. S. A.

Abstract.

THE PRACTICAL IMPORT OF RECENT WORK ON HYSTERIA.

By Tom A. Williams, M.B., C.M., Edin., Washington, D. C.
Member Corresp. Socs. of Neurol. and Psychol. of Paris.

A HYSTERIAL symptom is merely one produced by suggestion. Hence the disorder is a purely psychogenetic one. The stigmata, however, do not occur in the absence of medical examinations or other sources of suggestion. This is readily observed in simple cases, which are frequent, and may be ascertained by a profound analysis in nearly all. Trophic symptoms and hyperthermia are products of somatic disorder, such as hyperthyroidism or latent infection, or they may be the artefacts of malingerers; and in neither case are they hysterical. Nor is emotivity hysteria.

The genetic idea, from which springs the hysterical symptoms, must be sought in order to make therapeusis satisfactory. Any success of mere suggestive therapy is only temporary, and rather favors relapses by increasing proneness to further suggestions of all kinds. Rational enlightenment of the patient into the mechanism of his symptoms is the key to success. Isolation as a means to this end is rarely required. Physical measures are a disadvantage unless specially indicated, as they divert attention from the real aim, which is psychotherapy. This should inculcate principles rather than details. But the minutiæ of a psychomotor discipline need to be carefully shown to the patient and attendant. Cases illustrate these points. See also *Medical Annals*, January, 1912.

Editorial Comment.

FOR AND AGAINST DR. WILEY.

Bulletin of Pharmacy.

FINALLY, we may say that one of the most important actions taken by the N. A. R. D. executive committee last month was its adoption of a series of resolutions urging President-elect Wilson not to appoint Dr. H. W. Wiley secretary of the Department of Agriculture. In the recent three-cornered presidential campaign, Dr. Wiley turned his back upon both Roosevelt and Taft, under whom he had respectively served, and openly supported Wilson, speaking in his behalf at a number of meetings. This gave rise to the rumor that he would be given the agricultural portfolio.

Fearing that there might be some truth in the rumor, the N. A. R. D. executive committee declared in its resolutions that Dr. Wiley was unfitted for the place; first, because he was not a practical agriculturist, and secondly, because his former conduct of the Bureau of Chemistry was "characterized by arbitrary action detrimental to legitimate drug and other classes of beneficial business." The resolutions point out that Dr. Wiley, when chief of the Bureau of Chemistry, was restrained in a measure by officers of the Government having co-ordinate and superior rank, who exercised a steadying and restraining influence, while as secretary of the Department of Agriculture he would be a law unto him-

GLYCO-HEROIN (SMITH)

AN ABSOLUTELY STABLE AND UNIFORM PRODUCT THAT HAS GAINED WORLDWIDE DISTINCTION THROUGH ITS DEPENDABLE THERAPEUTIC EFFECTS IN THE TREATMENT OF

COUGH, BRONCHITIS PERTUSSIS, PNEUMONIA, PHTHISIS AND ASTHMA

¶Glyco-Heroin (Smith) affords unvarying results that can not be expected from extemporaneously prepared mixtures obtained through ordinary sources. This fact is demonstrated by the extensive use of Glyco-Heroin (Smith) by physicians in their practise.

¶Glyco-Heroin (Smith) is supplied to druggists in sixteen-ounce dispensing bottles. The quantity ordinarily prescribed by physicians is two, three or four ounces.

¶Dosage—The adult dose of the preparation is one teaspoonful, repeated every two hours or at longer intervals, according to the requirements of the individual case. For children of ten or more years, from one-quarter to one-half teaspoonful. For children of three or more years, from five to ten drops.

For samples and literature, address

MARTIN H. SMITH CO.
109 Chambers St., New York, N. Y.

TUBERCULOSIS

OF THE

Lungs, Glands, Bones or Joints will be greatly benefited by the use of

PROTONUCLEIN BETA

Combining the nucleins of the spleen with Protonuclein

Attention must be paid to the marked results obtained abroad by the use of the spleen in tubercular cases.

We have combined this action of the spleen with the well-known reconstructive action of Protonuclein, meeting the modern theory of building up the body to combat Tuberculosis.

See that your prescription reads:

℞ PROTONUCLEIN BETA CUBES, GR. V.
No. 60

Sig. 2 cubes 3 times a day, one hour after meals. Chew the cubes.

Send for Literature

REED & CARNRICK

42-44-46 Germania Ave. Jersey City, N. J.

self, and that his appointment would be "fraught with danger, subversive of justice and progress among our people, and inconsistent with the careful, sane, deliberative and just administration of important executive functions."

On the very day that we read these resolutions in N. A. R. D. Notes, where they were "featured" in black type, we received a letter from Albert Schneider, editor of the *Pacific Pharmacist* in San Francisco, enumerating reasons why Dr. Wiley should be made Secretary of Agriculture. Dr. Schneider's letter was a circular communication addressed to the editors of all the pharmaceutical journals, and it contained the statement that Dr. Wiley was "the best qualified man in the United States to direct the work of the department." Dr. Schneider said that "Dr. Wiley no doubt had made mistakes, but the great good that he has done, and that he is capable of doing, will most certainly outweigh any harm that may have resulted from his mistakes."

So it is quite evident that there is going to be a difference of opinion about the appointment of Dr. Wiley to the agricultural portfolio. In the meantime, no one knows the mind of President-elect Wilson, and he will probably keep everybody guessing.

DR. WILEY'S SUCCESSOR APPOINTED.

Bulletin of Pharmacy.

MEANWHILE, readers of the newspapers are doubtless aware of the fact that a successor to Dr. H. W. Wiley, as chief of the Bureau of Chemistry, has finally been appointed. The lucky or unlucky man is Dr. Carl A. Alsberg. Dr. Alsberg has previously had no experience whatever in the work of the Bureau of Chemistry, or in the enforcement of the food and drugs act. His position has been that of biochemist in the Bureau of Plant Industry. His work, however, has greatly commended itself to Secretary Wilson, and it has been known for some time that the Secretary favored his appointment. President Taft did not finally take action until last month. The work of the Bureau of Chemistry covers an enormous amount of purely chemical endeavor, but in the public mind the bureau is chiefly associated with the enforcement of the food and drugs act. All of the public discussion about candidates for the place has revolved around this topic. Dr. Alsberg comes to the place uncommitted to any particular policy with regard to food and drug matters, and no one seems to know at present whether he will be a radical of the Wiley type, or a conservative of the Wilson type. The fact, however, that Secretary Wilson strongly favored his appointment indicates that we shall have from Dr. Alsberg a sane and just, but nevertheless honest and vigorous enforcement of the law.

CAN THE INFANT DIGEST STARCH?

Medical Summary.

WE have before us an excerpt from an article in the October number of *Pediatrics*, written by its editor, Dr. Fitch. The article is entitled "Modified Cow's Milk as a Substitute Food in Infant Feeding," and the author gives the benefit of personal research work along this line of endeavor. The paper shows originality and does not patter down the line of conventionality as most of the stuff written on infant feeding does.

For example, the author knocks the old time-honored belief

WHY

does MELLIN'S FOOD give such uniformly good results in infant feeding?

does MELLIN'S FOOD prove to be such a satisfactory modifier of milk?

does MELLIN'S FOOD meet the requirements of infant feeding when so many other methods fail?

One interesting and scientific reason which will answer, in part, the above questions is that during the natural process of digestion a portion of the Mellin's Food in the prepared diet is occluded in the casein as it is precipitated by the rennet in the infant's stomach. The occluded Mellin's Food retains its solubility, leaving the casein soft, flocculent, sponge-like, easily permeated by the digestive juices and incapable of existing as a tough, tenacious curd. Thus **Mellin's Food** actually **modifies** the character of the **casein.**

Another reason for the success of Mellin's Food is that maltose and dextrin, its carbohydrate content, are the carbohydrates that give immediate and permanent results, being rapidly and completely utilized to furnish energy and to increase body weight.

Uniformity of composition and simplicity of preparation are other reasons why Mellin's Food continues to grow in the favor of the medical profession.

Mellin's Food Company - - Boston, Mass.

WHEN you write advertisers, mention the MARYLAND MEDICAL JOURNAL.

that a baby cannot digest starch in this manner: "Theoretically, the child under six months, because of the deficiency of salivary and pancreatic secretions is said to be incapable of digesting starches. Practically, this is not true. Nearly every fluid in the human economy has a diastatic ferment, and as a matter of fact the very young infant does digest starch. We have seen too many babies successfully fed on arrow root to deny this fact."

Again Dr. Fitch says: "The addition of cereals to cow's milk is not only allowable, but is to be most warmly recommended, not only in older children, but also very young infants. The advantages of cereal modification, in addition to the readier digestion and gain in weight, are to be found in the finer subdivision of the casein in the stomach, in the emulsification of the fat, in the disappearance of soapy and dyspeptic stools, in the proteid-sparing power afforded by the cereals, and, finally, in the general increment of growth.

"This is the experience of the leading pediatrists of the world. Not every infant by any means can take cow's milk, or ass' milk, or goat's milk, but that starch foods may be added with benefit to cow's milk in the majority of cases is established beyond all question, experimentally, chemically and clinically."

RICHMOND MEDICAL SCHOOLS TO BE CONSOLIDATED.

Virginia Medical Semi-Monthly.

The long agitated question of the consolidation of the Medical College of Virginia and the University College of Medicine, both located in Richmond, seems at last about to be definitely settled. Committees representing the two schools have had several meetings, and, on good authority, satisfactory arrangements seem about to be perfected for their amalgamation, though each will retain its individuality until the close of the present session.

The combined college will be known as the Medical College of Virginia, owing to the State ownership of the latter institution. Though there are many surmises as to who will be president, it seems that this is a matter yet to be finally decided.

Both colleges have taken a high stand in the Association of American Medical Colleges, and this consolidation, which will offer medical students in Richmond exceptionally fine clinical and laboratory advantages, will of necessity serve to make the united schools stronger and more influential, and thus make Richmond one of the leading medical centers of the country.

SUGAR AS A "PICK-ME-UP."

By Woods Hutchinson, M.D.

Pacific Medical Journal.

Sugar is a real food of very high value, and is very promptly and readily absorbable. A violent craving for sugar, leading to excess, largely disappears in children when their healthy demand for it is supplied by a proper mixture with their foods, while no child yet has ever been born with a taste for alcohol, pickles, tea, coffee or tobacco.

One of the greatest values of sugar, apart from its high-steaming power, is the rapidity with which it can be absorbed and burned in the body engine. The careful and exhaustive researches of Lee, Mosso, Harley and Schomburg show that there is no

Dose 5 to 10 Drops!

VANADIOL

(Oxygenated Solution of Vanadium Oxychloride, $VaOCl_3$)

An Entirely New Therapeutic Agent of Absolutely Unique Action; Continuously Takes Up and Parts with *Nascent* Oxygen. Vanadiol is therefore

1. ***An Oxidizer*** of the first rank: Fatal to Bacteria and Toxines
2. ***Hematogenic:*** Increases both Red Cells and Hemoglobin, and Activates the Leucocytes.
3. ***Gastric Stimulant:*** Causes a Speedy Increase in Weight.

Indicated therefore in:

Anemia, Chlorosis, Neurasthenia, Diabetes, Bright's Disease, Septicemia, Pneumonia, Tuberculosis, etc.

Complete Literature, with Enthusiastic Case Reports, free on Application.

NOTICE!—Samples Free for Clinical tests.

Vanadium Building **VANADIUM CHEMICAL COMPANY** PITTSBURGH, PA.

THE FOREMOST CONSTITUTIONAL THERAPY IN

GOUT, ACUTE & CHRONIC, TYPICAL & ATYPICAL;
ARTICULAR RHEUMATISM, GONORRHEAL ARTHRITIS;
NEURITIS, HEMICRANIA, MIGRAINE;
NEURALGIA, SCIATICA, LUMBAGO;
IRITIS, EPISCLERITIS, OTOSCLEROSIS;
ECZEMA, PRURITUS, URTICARIA;
PYORRHEA ALVEOLARIS, LOOSENESS OF THE TEETH, EROSIONS OF THE ENAMEL.

BEST PRESCRIBED IN 7½ GRAIN TABLETS (20 IN A BOX)

DOSAGE Acute conditions, 30 - 45 Grains (4-6 Tablets) per day, for three or four days. Chronic conditions, intermittent treatment.

Atophan

Powerful Uric Acid Mobilizer
—Not just a uric acid solvent

Quick-acting, Reliable Analgesic
—Free from depressant by-effects

Rational, Effective Antipyretic

CLINICAL LITERATURE & SPECIMEN from
SCHERING & GLATZ, NEW YORK.

Novatophan
THE TASTELESS
Atophan
FOR HYPERSENSITIVE PATIENTS

food which will restore working power to fatigued muscles of both men and animals so quickly and effectively as pure sugar. Indeed, it was suggested by Professor Lee that tired business men, carried beyond their regular lunch hour, would find a few lumps of pure sugar one of the best of temporary restoratives and "pick-me-ups," far superior to alcohol.

The rôle and importance of sugar as a rapid reliever of fatigue is one which we are only just beginning to appreciate, and which goes surprisingly far already. It has been incorporated into the most hard-headed, cold-blooded, matter-of-fact diet on earth, the German army ration, especially the "forced march" emergency ration. No other food of its bulk can take its place.

It is the belief of careful observers of men, particularly in the tropics, that the larger the amount of sugar and sugar-containing foods they are supplied with, the less alcohol and other stimulants they will crave. For instance, the United States Government now buys the best and purest of candy by the ton and ships it to the Philippines, to be supplied to the canteens and messes, finding that it diminishes the craving for native brandy; and it has long been a matter of comment from thoughtful observers that the amount of drunkenness of a race or class is in inverse ratio to the amount of sugar it consumes.

THE RECTUM IN CONSTIPATION.

Medical Summary.

As a rule, cathartics and laxatives are given with a view to stimulating the colon and small intestines when the rectum may be regarded as the main offender. A full rectum is disposed to soon become obtunded in sensibility and its muscular fibers easily acquire a state of atonicity. A narrowed or constricted rectum, due often to obscure conditions, is exceedingly common. The healing of fissures and pile tumors is especially liable to cause cicatricial tissue at the distal extremity with consequent narrowing of the canal's lumen. We have experienced excellent results in cases of obstinate constipation by means of rectal dilatation. This may be accomplished instrumentally under an anesthetic in severe cases. Milder cases are helped by digital dilatation, after which the patient may administer daily self-treatment with a set of dilators made of glass or hard rubber.

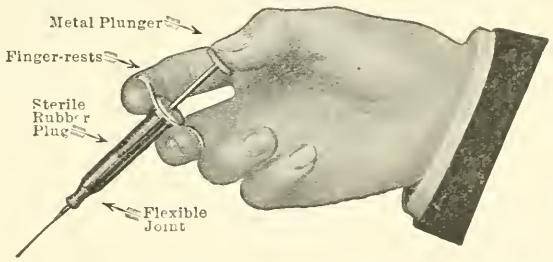
Excerpts.

TREATMENT OF AMEBIC DYSENTERY.

The author describes a new method of treating amebic dysentery and hepatitis, consisting of hypodermic injections of soluble salts of the alkaloid emetine. Vedder shows that this substance, the principal alkaloid of ipecacuanha, has the power in high dilutions of destroying amebae in broth cultures; the author confirms this by testing the effect of emetine hydrochloride on *Entameba histolytica* in dysenteric stools. When mucus containing numerous active amebae was placed in the alkaloidal solution, the pathogenic organism was immediately killed and materially altered in its microscopic appearances by a 1-10000 solution, while after

The Mulford Biological Laboratories

All Mulford Antitoxins, Serums, Bacterins, Vaccines, Tuberculins, etc. are prepared under the personal direction of experts. Our Laboratories at Glenolden, Pa., U. S. A., are operated under Government license and inspection. Rigid standardization, with bacteriologic and physiologic tests insure uniform reliability.



Every dose of Antitoxin, Curative Serums and Bacterins is furnished in a perfected aseptic glass syringe, with flexible needle joint, positive working piston, finger-rests—ready for instant use.

The Ideal Antitoxin and Bacterin Container

Diphtheria Antitoxin—Concentrated
Furnished in aseptic glass syringes, containing 1000, 2000, 3000, 4000, 5000, 7500 and 10,000 units.

Tetanus Antitoxin
Furnished in aseptic glass syringes, containing 1500, 3000 and 5000 units.

Anti-Dysenteric Serum
For Summer Diarrhea and Dysentery.
In aseptic glass syringes, containing 10 c.c.

Anti-Meningitis Serum
(Anti-Meningococcic Serum)
In packages containing 2 aseptic glass syringes of 15 c.c. each, including special needle for intraspinal injection.

Anti-Pneumococcic Serum
In packages containing 2 aseptic glass syringes of 10 c.c. each.

Anti-Streptococcic Serum
In aseptic glass syringes of 10 c.c. each, and in 20 c.c. packages (2 aseptic glass syringes of 10 c.c.)

H. K. Mulford Company, Philadelphia

New York Chicago St. Louis Atlanta New Orleans Kansas City Minneapolis San Francisco Seattle Toronto

a few minutes they were rendered inactive and apparently killed by as weak a solution as 1-100,000. Administration of emetine hydrochloride hypodermically in a few cases of amebic dysentery yielded excellent results. It did not produce vomiting, even though in the same cases ipecacuanha given by mouth had done so; the alkaloidal salt was at first given in doses of 1/6 grain (0.01 Gm.), this being equal to 15 grains (1 Gm.) of ipecacuanha. In the latter cases 1/3 grain (0.02 Gm.) and even 1/2 grain (0.03 Gm.) were given without producing any ill effects on the patient, though their action on the disease was magical. The hydrobromide of emetine might also be given, but it is not quite so soluble as the hydrochloride. An advantage of the method is that the drug can be given even when the administration of ipecacuanha by the mouth is impracticable.—*Leonard Rogers* (*British Medical Journal, June 22*, 1912.)

GENESIS OF CRAMP OF WRITERS AND TELEGRAPHERS.

True occupational cramp, in the author's opinion, is genetically psychological. Analysis of many cases shows it to be dependent upon the pre-emption of the muscles by a tic, which prevents the proper performance of the professional act. The tic is, of course, psychogenetic, and it is the cause of this that must be attacked if treatment is to be successful. The patient's belief in physical causation may be hard to remove; these cases must therefore be frequently seen. The measures used are: (1) Psychic readjustment, so that the patient may understand what he is trying to do. Time may be required to achieve this. (2) Psycho-motor discipline in the form of exercises graded by the physician. The temporary physical disabilities from which the notion of incapacity may in the first place have arisen are of minor importance. Psychological reconstruction is the keynote to the treatment.—*T. A. Williams* (*Monthly Cyclopedia and Medical Bulletin.*)

SCARLET FEVER, DIAZO REACTION IN.

Monthly Cyclopedia and Medical Bulletin.

The diazo reaction was studied by the authors in 375 cases of scarlet fever, 56 of diphtheria and 37 of serum sickness with various types of rashes. A positive result was obtained in the first week of the disease in 17.3 per cent. of scarlet fever and 12.9 per cent. of diphtheria patients. It is during this week that scarlatiniform serum rashes are apt to develop and make a differential diagnosis from scarlet fever quite difficult. The percentage of positive diazo reactions in serum sickness was found to be much lower. A few positive reactions were observed, averaging 10.8 per cent. for all kinds of rashes, but many of these results may have been due to diphtheria. The value of the diazo reaction in differential diagnosis, on the whole, proved slight, as the percentage of positive reactions in scarlet fever and diphtheria is already low. In measles, however, in which the reaction is positive in 75 per cent. of cases, a negative reaction in a case presenting a morbilliform rash would be of value in differential diagnosis.—*S. S. Woody and J. A. Kolmer* (*Archives of Pediatrics, January*, 1912).

Sick-Room Linen

can be disinfected and deodorized by placing in a tub half filled with boiling water to which has been added a little "Platt's Chlorides." The tub should then be closely covered for two hours and the clothes thoroughly rinsed before washing.

Platt's Chlorides is an odorless, colorless liquid disinfectant and deodorizer, stronger, safer and cheaper than carbolic acid, and endorsed by over 26,000 physicians. It is sold everywhere by druggists in quart bottles, and manufactured solely by Henry B. Platt, 42 Cliff Street, New York.

Resinol Stops Itching

THE one feature of RESINOL (ungt. Resinol) which appeals most strongly to every physician is the speed and certainty with which it controls itching. Whether that condition arises from some eczematous affection, herpes, erythema, pruritus (especially pruritus ani or vulvæ), or piles, it can be promptly stopped by the application of Resinol. With itching and the consequent scratching eliminated, a successful treatment by Resinol can almost always be relied on, even in the most stubborn cases.

Resinol should not be confused with the numerous formulas and proprietary products sometimes suggested in its stead. Its unvarying quality and the success which has attended its use by physicians, for over seventeen years, are sufficient to warrant insisting on having RESINOL itself.

Resinol Soap, being an absolutely pure soap, containing the same emollient, antiseptic medication as Resinol, is often of marked assistance in dermatological and other cases, even where ordinary soaps are distinctly contra-indicated.

We should be glad to send you samples of these preparations, also a miniature Resinol Shaving Stick.

RESINOL CHEMICAL CO. - - - - BALTIMORE, MD.

Medical and Chirurgical Faculty

OF MARYLAND.

OFFICERS AND COMMITTEES FOR 1913

President

A. C. Harrison.

Vice-Presidents

C. F. Davidson, J. S. Davis, E. B. Claybrook.

Secretary

John Ruhrah.

Treasurer

W. S. Gardner.

Board of Trustees

T. A. Ashby, W. Brinton,
J. W. Humrichouse, J. M. H. Rowland,
J. W. Chambers, G. L. Taneyhill,
H. M. Hurd, D. E. Stone,
L. McL. Tiffany, W. J. Todd.

State Board of Medical Examiners

Herbert Harlan, Henry M. Fitzhugh, Jr.,
J. McP. Scott, L. A. Griffith,
Franklin B. Smith, B. W. Goldsborough,
James A. Stevens, L. B. Henkle, Jr.

Councillors

C. O'Donovan, R. Lee Hall,
Guy Steele, L. F. Barker,
G. M. Linthicum, Hiram Woods,
D. Streett, J. S. Davis,
L. C. Carrico, J. E. Deets,
A. H. Hawkins.

Delegates to American Medical Association

1912-13.

H. H. Young. *Alternate*—W. R. Stokes.

Committee on Scientific Work and Arrangements

Wm. A. Fisher, J. H. Smith, Jr., A. M. Shipley.

Committee on Midwifery

G. Dobbin, S. A. Nichols,
M. Sherwood, John T. King,
Bernard Wess.

Library Committee

J. W. Williams, C. B. Gamble, H. B. Jacobs,
R. B. Warfield, Gordon Wilson.

Memoir Committee

D. W. Cathell, Robt. Hoffman, E. W. Eilau,
E. E. Wolff, W. E. Wiegand.

Committee for Fund for Relief of Widows and Orphans of Deceased Members.

E. F. Cordell, Theodore Cook, Sr., George Wells,
John Mace, W. B. Burch.

Committee on Public Instruction

H. G. Beck, Lilian Welsh, R. T. Abercrombie,
A. C. Gillis, J. M. Slemons.

Committee on Medical Education

David Streett, C. F. Bevan, R. Winslow,
J. W. Williams, L. H. Gundry.

Committee on Sanitary and Moral Prophylaxis

D. R. Hooker, Lilian Welsh, O. E. Janney,
A. T. Chambers, E. H. Richardson.

Committee on Tuberculosis

J. Girdwood, V. Cullen, W. L. Moss,
M. F. Sloan, G. W. Todd.

BOARD OF MEDICAL EXAMINERS

OF MARYLAND

Dr. Herbert Harlan, President, 516 Cathedral St., Baltimore.
Dr. Franklin Buchanan Smith, Frederick.
Dr. B. W. Goldsborough, Cambridge.
Dr. James A. Stevens, Easton.
Dr. Henry M. Fitzhugh, Jr., Westminster.
Dr. Lewis A. Griffith, Upper Marlboro.
Dr. L. B. Henkel, Jr., Annapolis.
Dr. J. McP. Scott, Secretary and Treasurer. Hagerstown.

REGULAR MEETINGS OF THE BOARD OF MEDICAL EXAMINERS OF MARYLAND.

Fourth Tuesday in April.
First Tuesday in June.
First Wednesday in October.
First Wednesday in December.

REGULAR EXAMINATIONS

Examinations are held in Baltimore—

Third Tuesday in June for four consecutive days.

Second Tuesday in December for four consecutive days.

RECIPROCITY.

Maryland is in reciprocal relation with the following States: Georgia, Illinois, Indiana, Iowa, Kansas, Kentucky, Maine, Michigan, Minnesota, Missouri, Nebraska, New Hampshire, Ohio, Oklahoma, South Carolina, Texas, Vermont, Virginia, West Virginia and Wisconsin, subject to requirements and fees imposed by the respective States.

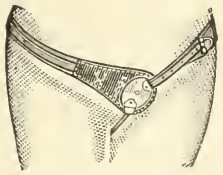
Information connected with medical examinations and licensure by addressing Secretary J. McP. Scott, Hagerstown, Md.

REPRINTS.

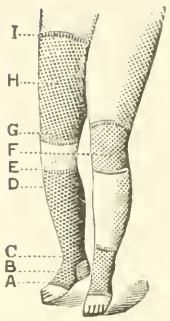
Reprints will be furnished at a uniform schedule of price to all. The charges are for actual cost of paper and presswork. Prices and full information furnished with galley proof or upon request.

The Chas. Willms Surgical Instrument Co.

300 NORTH HOWARD STREET, BALTIMORE, MD.



TRUSSES
ABDOMINAL SUPPORTERS
ELASTIC HOSIERY
HOT WATER BOTTLES
FOUNTAIN SYRINGES



Discount to Physicians 25 Per Cent.

Lady Attendants

Hospital and Institution Beds and Bedding

We are Specialists IN THIS LINE

Furniture, Rugs
Bedding and Upholstery

POLLACK'S
ISAAC DAVIDSON } Props.
WM. B. FALLON }

Howard and Saratoga Sts.
BALTIMORE, MD.
Estimates Solicited

Newspaper Printing **Catalogue Work**

FLEET-McGINLEY CO.

PRINTERS FOR PUBLISHERS

N. W. Corner South and Water Streets
BALTIMORE, MD.

Commercial Job Work **Linotype Work**

LOCAL DIRECTORY

THIS Directory is maintained mainly for the benefit of local firms seeking the patronage of physicians and their families. Only well established and reliable concerns will be represented, and doubtless the space at our disposal will be constantly in demand. In responding to these exploitations, the reader will find it mutually advantageous to mention the MARYLAND MEDICAL JOURNAL.

THE MEDICAL JOURNAL CO.

Pikesville

DAIRY COMPANY

PIKESVILLE MILK is guarded at every step from the cows to the consumer. The cows are regularly inspected by Veterinarians—their food, sanitary environment and physical condition periodically passed on by experts. All milk is tested immediately upon arrival at the distributing plant—its richness, cleanness and perfect chemical constituency ascertained before passing into the Pasteurizer, from which it is bottled direct and capped—making it germ-proof and dust-proof when delivered at the home.

Phone—Madison 2222 1501-1513 Argyle Avenue

The National Bank of Baltimore

BALTIMORE AND ST. PAUL STS.

Capital,	$1,210,700.00
Surplus and Undivided Profits,	323,572.91
Deposits,	7,676,460.75

GEO. J. ROCHE & SON

House, Fresco and Sign **Painters**

Plastic and Relief Decorations
Glazing and Kalsomining

Holliday and Lexington Sts. BALTIMORE

Phones: St. Paul 3152; Courtland 1730.

Chattolanee Spring Water

Publishers' Department.

Danger Due to Substitution.

HARDLY another of all the preparations in existence offers a wider scope to imposition under the plea of "just as good" than the scientifically standardized Eucalyptol.

The most recent fraud practiced in regard to this product is an attempt to profit by the renown of the firm of Sandner & Sons. In order to foist upon the unwary a crude oil, that had proved injurious upon application, the firm name of Sandner & Sons is illicitly appropriated, the make-up of their goods imitated, and finally the medical reports commenting on the merits of their excellent preparation are made use of to give the desired luster to the intended deceit.

This fraud, which was exposed at an action tried before the Supreme Court of Victoria at Melbourne, and others reported before in the medical literature, show that every physician should see that his patient gets exactly what he prescribed. No "just as good" allowed.

Anemia.

THIS recalcitrant condition has been found to respond rapidly to treatment with Vanadium. Vanadiol, a derivative of Vanadium, rapidly increases the hemoglobin content of the blood, the relative red cell count, and accelerates the work of digestion. Give it a trial, Doctor, in your next case. Sample and literature free to you if the MARYLAND MEDICAL JOURNAL is mentioned. Address Vanadium Chemical Co., Vanadium Building, Pittsburgh, Pa.

Is Bovinine of Value as a Nutritive Tonic?

THE study of the ultimate purpose of all food ingested and followed through the gastrointestinal tract conclusively proves beyond all doubt that from it are abstracted the necessary elements for the development of normal arterial blood, the purpose of which is to supply to all the cells and tissues nutrition and tone, and that where there exists a malnutrition from improper food or feeding the blood is the first tissue to suffer; then, too, all diseases, acute or chronic, are preceded by a departure from the normal standard of the blood. The "Blood is the Life;" this is literally true.

Bovinine is scientifically prepared from the

Proving its Worth in the Treatment of TUBERCULOSIS

DIORADIN, a radio-active preparation, has been employed with gratifying results in the leading Hospitals and Sanatoria for tuberculosis in this country and in Europe.

A physician of undoubted reliability, Dr. Stephen W. Wells, of Liberty, N. Y., in an article entitled "Report Based on 16 Cases of Advanced Pulmonary Tuberculosis Treated by Dioradin (*Medical Review of Reviews, June 1912*) has established the therapeutic efficiency of Dioradin as follows:

1—It improves the appetite and digestion.
2—Decreases cough and expectoration.
3—Reduces temperature and strengthens the pulse,
4—Causes a gain in weight.
5—Tubercle bacilli decrease or disappear.
6—It is not irritating or dangerous, and is easy of administration.

The results of other investigators bear out Dr. Wells' conclusions:

IN a paper entitled "Treatment of Surgical Tuberculosis by Dioradin" read before the Section of Surgery of the Royal Academy of Medicine in Ireland by R. Atkinson Stoney, M.B., F.R.C.S.I., Visiting Surgeon to the Royal City of Dublin Hospital, the following statement is made:

"I do not wish for a moment to claim that this method of treatment has worked any miracles. I have from time to time seen instances of cure in practically every one of these manifestations of tubercular disease under other methods of treatment, though I must confess the cure has always taken a much longer time to be brought about. But taking the whole fifteen cases together, I think that the results are decidedly good, and they are certainly better than any I have ever obtained by the use of tuberculin in any of its many forms."—*Medical Press and Circular, March 27th 1912.*

DR Joseph Brandaleone, Assistant Surgeon to the Post-Graduate Hospital, in a paper entitled "A New Treatment For Tuberculosis" (*Denver Medical Times, May 1912*) draws the following conclusions concerning the results obtained with Dioradin:

"I would recommend this treatment for incipient stages, where I believe cures can be effected. In the second stage of the disease, cures may follow the treatment, but at least the disease can be arrested and the patient made more comfortable: in the last stage I have found that the treatment makes the patient more comfortable, and prolongs the life. It is worthy of consideration and trial in cases of tuberculosis that will respond at all to any medicinal treatment."

Dr. H. F. Boatman, formerly of the Staff of the Independence Hospital, Iowa, (in an article to the *Southern California Practioner April 1912*) concludes the report of a very interesting case:

"This is not a favorable case for any treatment, but the surprisingly happy results obtained by Dioradin lead me to conclude that in this remedy we have a most potent agent for destroying or inhibiting the growth of the tubercle bacillus."

The *Lancet-Clinic* (*Cincinnati*) *for Sept. 28, 1912*, prints a most interesting report of "21 Cases of Tuberculosis Treated by Dioradin," by Drs. M. J. Schwerd and A. L. Goldwater of St. Joseph's Hospital for Consumptives (New York.) The results obtained still further establish the efficacy of the remedy.

Send for reprints of articles, and analytical report stating composition. Supplied to physicians only.

DIORADIN COMPANY

Sole agents for U. S. and Canada. 156 FULTON ST., NEW YORK

LOCAL DIRECTORY

FOR TOWELS CONSULT
Fowler Towel Service
C. & P. Phone, St. Paul 3207
Recommended by the Health Dept. 237 Courtland St.

OPEN ALL NIGHT
Lee Williamson & Co
RETAIL DRUGGISTS
Northeast Corner Eutaw and Fayette Streets
Physicians' Prescriptions

Established 1890 C. & P. Phone Madison 1918-w
Walnut Grove Dairy
J. G. WISNER, Proprietor
2622 FRANCIS STREET
PURE MILK supplied to **Hospitals, Sanitariums and Institutions.** We serve a number of institutions under medical jurisdiction—and also many families of the eading Baltimore physicians.

HENNEMAN **Bookbinder**
C. & P. Phone, Mt. Vernon 4693-M 326 N. Howard St., BALTIMORE, MD.

arterial blood of sterile steers, and is rich in protein, serum albumen, serum globulin and elementary iron. That these elements are the very highest concentrated essence of nutrition and tone is unquestionably admitted by physiologists today. Granting the above facts of this statement to be so, and it surely is, we ask you, Doctor, is Bovinine a valuable nutritive tonic?

Now, a remedy may have much to commend it from a theoretic standpoint, and yet may fail when put to actual clinical test; so the question asked by a busy practitioner: "Does it give results?" Reports from many physicians, clinics and hospitals indicate that Bovinine is the most rational and the most successful nutritive tonic ever devised.

Bovinine has been on the market for over 30 years, and during that time there has been ample opportunity of observing hundreds of cases of all kinds, and it has been noted that the physicians who use Bovinine faithfully invariably have splendid reports to make of its success.

We wish, before concluding, to draw the attention of the profession to an important fact. It is ethical in every sense. It should be thoroughly understood that Bovinine, scientifically prepared and containing *more active principles than any other tonic preparation*, is not a stimulant, but an active nutritive tonic which has no substitute, and whose really lasting action cannot be compared with the illusive and sometimes fatal fillip to the stomach by incomplete food preparations. Bovinine should be taken immediately before or after meals.

Dose for adults is one tablespoonful diluted with twice the quantity of cold milk or water. For children from a quarter to a half the adult dose, according to age.

"Nail the Window Open."

THE present popular crusade against tuberculosis is educating the public to the value of fresh air and sunshine.

The comparative immunity to tuberculosis enjoyed by the primitive races prior to their civilization shows us that patients must be made to adopt that primitive mode of living at their own homes, even if we have to nail the window open.

Of greater interest is the fact that some time ago there appeared in the *Muenchener medizinische Wochenschrift* an obscure article referring to the work of Bayle of Cannes, France, describing almost marvelous results in the treatment of tuberculosis by administering a soupy concoction of raw spleen in 100-gram doses.

Because of the large percentage of permanent results obtained, a résumé of which appears later, it was deemed worthy of investigation in the laboratories of Reed & Carnrick.

It was quickly seen that this crude method, used by Bayle, Jolly and various others, had many objectionable features, which hampered its extensive use.

After exhaustive experimental work it was demonstrated that these vital principles of the spleen could be isolated, and resulted in the perfection of a distinct therapeutic entity, eliminating all the objections of Bayle's method, and combining the action of these vital principles of the spleen with the already well-known reconstructive action of Protonuclein.

This combination of two of the most powerful antagonists of the tubercle bacilli has been given to the medical profession for their use in the treatment of all cases of tuberculosis.

This product is known as Protonuclein Beta, and the favorable reports already show that it should be used thoroughly in every case where the tubercle bacilli have found lodgings.

A Display of Mulford Products.

Druggists who experience difficulty in finding the materials in their stores wherewith to make attractive window displays, and who have reached the conclusion that the public can be attracted only by fancy goods, perfumery, candies and similarly ornamental articles not in any way connected with pharmacy, had a valuable object-lesson in the recent exhibit of the firm of Hynson, Westcott & Co., Franklin and Charles streets, Baltimore. The exhibit was composed entirely of biological products manufactured by the H. K. Mulford Company of Philadelphia, and attracted the attention of the public as few other means would have done. The collection of goods remained a center of interest as long as it was kept in the window, and thousands of people passing up and down Charles street stopped to have a close look at the latest means of fighting disease.

The exhibit was made up of antitoxins, tuberculins, serums, vaccines, bacterins and other similar products, all artistically arranged and so grouped as to give an excellent idea of their uses. The containers, properly labeled and with cards beneath them indicating their use, were dummies, the actual products being kept in a biological refrigerator in the store, which fact was duly set forth on a large placard. But this did not in the least detract from the desire of the passersby to have a close look at the counterparts of the articles that enable physicians to fight the most insidious maladies.

The center of the window was occupied by tuberculin and the card setting forth the character of the exhibit. Pyramids of antitoxin rose at both sides in the rear of the window, the serums being similarly placed. The vaccines were distributed among the other specimens in symmetrical array, while the bacterins were made part of the front section. There were also two cases divided into three sections, the middle one containing tuberculins, with rabies vaccines at the bottom; the one at the right-hand side diphtheria antitoxin, and the one on the left bacterial vaccines. Displayed with the bottles were the syringes used in administering the doses.

The exhibit embraced all of the products turned out by the H. K. Mulford Company, the list being made up of all the bacterins, the antitoxins, concentrated or globulin; anti-dysenteric serum, anti-meningitis serum, anti-pneumococcic serum, anti-streptococcic serum, normal serum, smallpox virus, the tuberculin dilutions and the diagnostic reagents. The card suspended by wires in the center of the window set forth that "We keep our stock in a special biological refrigerator, to be seen inside."

The exhibit was of special interest to the medical fraternity, many of whom made a detailed inspection of the outfit. But the general public was not less attracted, and the display proved so successful in a popular sense that it will be repeated.—*The Pharmaceutical Era.*

Sleeplessness in Acute Diseases.

Its freedom from danger and depressing after-effects eminently qualifies Pasadyne (Daniel's Concentrated Tincture of Passiflora Incarnata) for use as a sleep-producing agent in acute processes made less tolerable by sleeplessness.

The advantages of a safe hypnotic in the presence of a circulatory apparatus weakened by toxic products evolved in acute diseases will be appreciated by all medical men, and it is by reason of this element of safety, as well as freedom from depression, that Pasadyne (Daniel's) has come into such popular use.

For securing sleep this agent may be just as confidently relied upon as chloral or the bromides. The desired therapeutic effect is obtainable in a short time and is lasting, affording a most restful sleep with a minimum of dosage. Pasadyne (Daniel's) will prove agreeably surprising to those who have not yet tested its merits.

Satisfaction Too Great to Express in Moderate Terms.

It is conceded by all who have ever used the "Storm Binder" that it has no peer. The average physician who has tried with indifferent success one supporter after another with the usual objections and complaints feels a degree of satisfaction rather difficult to express in moderate terms when his patients, with one accord, rise up and call the Storm Binder blessed, and assert they could not live without it. The fame of this "supporter which supports" has extended from coast to coast, and foreign orders are becoming greater each month. This journal particularly rejoices in Dr. Katherine Storm's great success, inasmuch as she is a well-known woman physician and a graduate of the Woman's Medical College of Pennsylvania.—*The Woman's Medical Journal, November, 1912.*

SANITARIUMS, ETC.

The Gundry Sanitarium

(ATHOL)

A Private Sanitarium for the Care and Treatment of Nervous and Selected Cases of Mental Diseases in Women.

Splendidly located, retired and accessible to Baltimore, surrounded by 28 acres of beautiful grounds. Buildings modern and well arranged. Every facility for treatment and classification.

For further information, write or telephone

C. & P. 'Phone Catonsville 78-R

DR. ALFRED T. GUNDRY, or THE GUNDRY SANITARIUM Athol, Catonsville, Md.

RIVER CREST SANITARIUM

Licensed by the State Commission

ASTORIA, L. I., NEW YORK CITY

For NERVOUS and MENTAL DISEASES, ALCOHOLIC and DRUG HABITUES

Home-like Private Retreat. Beautifully Located in a Large Park, Overlooking the City and Sound. Easily Accessible. **Detached Buildings for Alcoholic and Drug Habitues.** Hydrotherapy, Electricity, Massage, Amusements.

WM. ELLIOTT DOLD, M.D., Physician in Charge

New York Office: **The Sydenham, 616 Madison Ave.,** Cor. 58th St.

'Phone, 1470 Plaza Hours: 3 to 4 and by Appointment Sanitarium 'Phone, 820 Astoria

REFER TO: Prof. Chas. G. Hill, M.D., Prof. David M. Streett, M.D., Prof. John D. Blake, M.D., Dr. Wm. F. Drewry, Superintendent Central State Hospital for Insane, Petersburg, Va., and others in Baltimore and the South.

Established 1878

THE RELAY SANITARIUM

For the treatment of { Mental and Nervous Diseases / Alcoholic and Drug Addiction

Located Near Relay Station, B. & O. R. R. 15 Minutes' Ride, by Train, from Baltimore, 37 from Washington

Situated in the center of a natural forest park of 92 acres, showing a superb view of the river and valley of the Patapsco. Elegant drives and walks throughout the grounds. Under the personal management of DR. LEWIS H GUNDRY. For information and rates, address

Phone: C. & P., Elkridge 40 **DR. LEWIS H. GUNDRY** **Relay, Baltimore County, Md.**

The Richard Gundry Home (Established 1901)

HARLEM LODGE, CATONSVILLE, BALTIMORE COUNTY, MARYLAND

A WELL EQUIPPED SANITARIUM for the treatment of nervous and mental diseases, selected cases of alcoholic and opium habitues, and the various diseases requiring the removal from the environments of home.

For rates, etc., address **DR. RICHARD F. GUNDRY** C. & P. 'Phone No. 86, Catonsville

References

DR. WM. OSLER, Oxford, Eng. DR. JULIUS FRIEDENWALD, Baltimore. DR. WM. S. THAYER, Baltimore.
DR. HENRY M. HURD, Baltimore. DR. NATHAN R. GORTER, Baltimore. DR. J. ALLISON HODGES, Richmond, Va.
DR. THOS. A. ASHBY, Baltimore. DR. SAMUEL C. CHEW, Baltimore. DR. WM. F. DREWRY, Petersburg, Va.
DR. J. CLEMENT CLARK, Sykesville, Md. DR. WM. S. GARDNER, Baltimore.

When you write advertisers, mention the MARYLAND MEDICAL JOURNAL.

The Medico-Chirurgical College

OF PHILADELPHIA Department of Medicine

"In the rapidity and vigor of its growth is probably without a parallel in the history of medical schools."
WHY? Because of its modern and practical method of instruction.

Most advantageously located in the heart of the medical center of America. It has Well-Planned and Well-Equipped Laboratories; its own Large and Modern Hospital; the finest Clinical Amphitheater Extant; abundant and varied Clinical Material; a Faculty of Renown and High Pedagogic Ability.

Its Curriculum comprises Individual Laboratory and Practical Work by each student; Free Quizzes by members of the teaching staff; Ward-Classes limited in size; Systematic Clinical Conferences; Modified and Modern Seminar Methods; an Optional Five-Year Course. The College has also Departments of Dentistry and Pharmacy and Chemistry. Send for announcements or information to

SENECA EGBERT, M.D., Dean, Seventeenth and Cherry Streets, Philadelphia, Pa.

YOUR SPECIAL ATTENTION
IS DIRECTED TO

Beef, Iron and Wine, with Hydropepsin,
Liquid Pi-cine Co., Red Syr. Hypophosphites Co.,
Compound Salol Capsules.

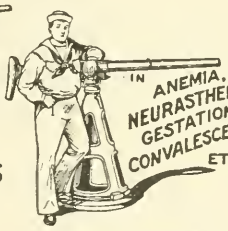
THOMAS & THOMPSON CO.
Manufacturers and Dispensers of Pure Medicines (Wholesale and Retail)
Cor. Baltimore and Light Sts., Baltimore, Md.

WHEELER'S TISSUE PHOSPHATES

—DELICIOUS— —SUSTAINING—

THE IDEAL TONIC FOR FASTIDIOUS CONVALESCENTS

SAMPLES & LITERATURE ON REQUEST



AN ARM OF PRECISION

T.B.WHEELER M.D. COMPANY MONTREAL, CANADA,

LABORATORY, ROUSES POINT, N.Y.

Cascara Pills ARE GOOD
Comp. Cascara Pills ARE BETTER

Robins' Comp. Cascara Pills ARE BEST

Two Strengths, Mild and Strong

A. H. ROBINS COMPANY
RICHMOND, VA.

MEDICAL COLLEGES

UNIVERSITY OF MARYLAND
SCHOOL OF MEDICINE.

Faculty of Physic.

SAMUEL C. CHEW, M.D., LL.D., Emeritus Professor of Medicine.
R. DORSEY COALE, M.D., Ph.D., Professor of Chemistry and Toxicology.
RANDOLPH WINSLOW, A.M., M.D., LL.D., Professor of Surgery.
L. E. NEALE, M.D., LL.D., Professor of Obstetrics.
CHAS. W. MITCHELL, A.M., M.D., Professor of Principles and Practice of Medicine and Diseases of Children.
THOS. A. ASHBY, M.D., LL.D., Professor of Diseases of Women.
J. HOLMES SMITH, M.D., Professor of Anatomy.
JOHN C. HEMMETER, M.D., Ph.D., LL.D., Professor of Physiology and Clinical Medicine.
ARTHUR M. SHIPLEY, M.D., Professor of Materia Medica and Pathological Surgery.
HARRY ADLER, B.A., M.D., Professor of Therapeutics and Clinical Medicine.
GORDON WILSON, M.D., Professor of Clinical Medicine.
JOS. L. HIRSH, B.A., M.D., Professor of Pathology and Bacteriology and Visiting Pathologist to the University Hospital.
HIRAM WOODS, A.M., M.D., Professor of Eye and Ear Diseases.
JOHN S. FULTON, A.B., M.D., Professor of State Medicine.
EUGENE F. CORDELL, A.M., M.D., Professor of the History of Medicine, and Librarian.
J. MASON HUNDLEY, M.D., Clinical Professor of Diseases of Women.
THOMAS C. GILCHRIST, M.R.C.S., M.D., Clinical Professor of Dermatology.
JOSEPH T. SMITH, M.D., Associate Professor of Medica Jurisprudence and Hygiene.
FRANK MARTIN, M.D., Clinical Professor of Surgery.
ST. CLAIR SPRUILL, M.D., Clinical Professor of Surgery
R. TUNSTALL TAYLOR, M.D., Clinical Professor of Orthopedic Surgery.
JOHN R. WINSLOW, B.A., M.D., Clinical Professor of Diseases of the Throat and Nose.
J. M. CRAIGHILL, M.D., Clinical Professor of Medicine.
JOS. E. GICHNER, M.D., Clinical Professor of Medicine and Associate Professor of Physical Therapeutics.
CHARLES W. McELFRESH, M.D. Clinical Professor of Medicine.
JOHN G. JAY, M.D., Associate Professor of Clinical Surgery.
G. TIMBERLAKE, M.D., Clinical Professor of Genito-Urinary Diseases.
F. M. CHISOLM, M.D., Associate Professor of Ophthalmolgy.
J. W. HOLLAND Associate Professor and Demonstrator of Anatomy.
IRVING J. SPEAR, M.D., Clinical Professor of Nervous and Mental Diseases.
NATHAN WINSLOW, B.A., M.D., Associate Professor of Surgery.
PAGE EDMUNDS, M.D., Associate Professor of Genito-Urinary Diseases.
RICHARD H. JOHNSTON, M.D., Associate Professor of Diseases of the Nose and Throat.
WILLIAM TARUN, M.D., Associate Professor of Diseases of the Eye and Ear.

For further information, apply to

R. DORSEY COALE, M.D., Ph.D., Dean of the Faculty,
University of Maryland, Baltimore, Md.

THE BALTIMORE MEDICAL COLLEGE

FACULTY

DAVID M. STREETT, A.M., M.D., Dean

CHARLES G. HILL, A.M., M.D., Professor of Nervous and Mental Diseases.
R. H. P. ELLIS, M.D., Emeritus Professor of Materia Medica and Therapeutics.
A. C. POLE, M.D., Professor of Anatomy.
DAVID STREETT, A.M., M.D., Professor of Principles and Practice of Medicine and Clinical Medicine.
J. D. BLAKE, M.D., Professor of Operative and Clinical Surgery.
S. K. MERRICK, M.D., Professor of Diseases of Nose, Throat and Chest.
GEORGE REULING, M.D., Emeritus Professor of Diseases of Eye and Ear.
ROBERT W. JOHNSON, A.B., M.D., Emeritus Professor of Principles and Practice of Surgery.
SAMUEL T. EARLE, JR., M.D., Emeritus Professor of Physiology and Diseases of the Rectum.
J. FRANK CROUCH, M.D., Professor of Ophthalmology and Otology.
WM. E. MOSELEY, M.D., Emeritus Professor of Diseases of Women.
J. M. H. ROWLAND, M.D., Professor of Obstetrics.
CHARLES O'DONOVAN, A.M., M.D., Professor of Diseases of Children and Associate Professor of Clinical Medicine.
G. MILTON LINTHICUM, A.B., A.M., M.D., Professor of Physiology and Diseases of the Rectum.
R. B. WARFIELD, M.D., Professor of Principles and Practice of Surgery.
W. B. PERRY, M.D., Professor of Gynecology.
TILGHMAN B. MARDEN, A.B., M.D., Professor of Biology, Histology and Embryology.

Preliminary Fall Course Begins September 1st **Regular Winter Course Begins September 20th**

Liberal Teaching Facilities; Modern College Buildings; Comfortable Lecture Halls and Amphitheaters; Large and Completely Equipped Laboratories; Capacious Hospitals and Dispensary; Lying-in Department for Teaching Clinical Obstetrics; Large Clinics. Send for Catalogue, and address DAVID STREETT, M.D., Dean,

BALTIMORE MEDICAL COLLEGE Northeast Corner Madison St. and Linden Ave., **BALTIMORE, MD.**

WOMAN'S BELT

The "Storm" Binder and Abdominal Supporter

PATENTED

Is Adapted for Use of Men, Women, Children and Babies

The "Storm" Binder may be used as a SPECIAL support in cases of prolapsed kidney, stomach, colon and many forms of hernia. As a GENERAL support in pregnancy, obesity and general relaxation, as a POST-OPERATIVE binder after operation upon the kidney, stomach, bladder, appendix and pelvic organs, and after plastic operations and in condition of irritable bladder to support the weight of the viscera. The use of the "Storm" Binder interferes in no way with the wearing of a corset. It is a comfortable belt for sofa or bed wear and athletic exercise. A supporter of aid in viceroptosis and relaxed sacroiliac articulations.

No whalebones; light; durable; flexible; elastic, yet without rubber elastic; washable as underwear.

MAIL ORDERS FILLED WITHIN 24 HOURS ON RECEIPT OF PRICE

SEND FOR FOLDER

1541 Diamond Street **KATHERINE L. STORM, M.D.** PHILADELPHIA

OVER

4000 CASES OF INFECTION

HAVE BEEN
TREATED WITH

PHYLACOGENS.

RESULTS:

90% OF RECOVERIES.

RHEUMATISM PHYLACOGEN.
GONORRHEA PHYLACOGEN.
ERYSIPELAS PHYLACOGEN.
PNEUMONIA PHYLACOGEN.
MIXED INFECTION PHYLACOGEN.

Let us send you complete literature.

PARKE, DAVIS & CO.

DETROIT, MICH.

"The Salt Breath of the Sea Brings Health"

GALEN HALL

And Cottages

Hotel and Sanatorium

ATLANTIC CITY, N. J.

¶ Stone, Brick and Steel Buildings, with every modern comfort. Two Elevators and five Sun Parlors.

¶ Convalescents can have specially prepared diets and other helps, and be under control and advice of home physician through our resident.

¶ Our Treatment Department includes Electric and Hydriatic Appliances of the latest style, with Sea Water. Trained attendants only.

F. L. YOUNG, General Manager

A New Soluble Arsenico-Mercurial Salt, in which **As** and **Hg** are dissimulated.

ÉNÉSOL

Salicylarsinate of Mercury for intramuscular injections

ITS ADVANTAGES

1. Toxicity very slight, only 1-70th of that of mercuric iodide. Large doses of **As** and **Hg** may therefore be given without causing signs of intolerance.
2. **Énésol** injections are painless, cause no indurations and are well tolerated even in large doses.
3. Therapeutically **Énésol** is equal to any mercurial salt. It combines the specific action of **Hg** and the tonic effect of the **As** in the form of a methyl derivative.
4. Prof. Gailleton at the Antiquailles Hospital, Lyon, tried it in various stages of syphilis (800 injections); the satisfactory results were reported in the "communication of Dr. Coignet to La Société Nationale de Médicine de Lyon, May 30, 1904, and the communication of Dr. Pauly and Dr. Jambon to the Société Nationale de Lyon, October 24, 1904.

Énésol is supplied in ampoules (10 per box) of 2 c. c. of a 3% solution.

The name **Énésol** (ενεσις, to inject) is used to conceal the mercurial composition of the medicament.

CLIN'S CACODYLATE OF SODIUM

An Organic Form of Arsenic may be given for long periods and in large doses, as it has none of the disadvantages of the mineral arsenical compounds.

CLIN'S SODIUM CACODYLATE $As(CH^3)_2O^2NA \times {}_2H^2O$

Is purer than the commercial cacodylate. The solution for hypodermatic use is neutral. Injections are painless. Each sterilized tube contains 0.05 gram of C. P. Sodium Cacodylate.

CLIN'S DROPS OF C. P. SODIUM CACODYLATE

Five drops contain exactly 0.01 gram of Sodium Cacodylate.

CLIN'S GLOBULES OF C. P. SODIUM CACODYLATE

Gluten coated, easily taken, each contains exactly 0.01 gram of Sodium Cacodylate.

The average daily dose 0.10 gram equals 0.06 gram of arsenious acid or 6.15 grams of Fowler's solution.

THE CLIN LABORATORIES, COMAR & CIE, 20 Rue des Fossés, Saint Jacques, Paris, France

E. FOUGERA & CO., U. S. Agents, New York — Purveyors to the Paris Hospitals.

Press of Fleet-McGinley Co., Baltimore, Md.